

# In-Depth of Questions CPHRM valuable resource

## CPHRM Review Questions with complete answers 2024

What is the ultimate goal of Enterprise Risk Management? - ANSWER-Optimize risk financing and mitigation strategies

True/False: ERM's goal is to develop highly-specialized functional silos to manage specific risks - ANSWER-False

For a risk management program to be effective, it needs: - ANSWER-

1. Organizational Commitment
2. Visibility and access
3. Physician acceptance or understanding

True/False: Complete authority is not a necessary element of a risk management program. - ANSWER-True

The risk management professional must work closely with the media for which of the following responses:

1. protect a celebrity's identity
2. protect divulging the truth
3. protect the confidentiality of a situation
4. protect the identify of a patient in protective custody - ANSWER-1, 3, and 4 only

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Questions in desktop-based mock exams are identical to the real ones. Our practice exams give you options to change their durations and questions' numbers to polish your skills. You can easily assess your readiness with the assistance of results produced by the practice exam. This Certified Professional in Health Care Risk Management (CPHRM) software records all your previous takes so you can identify your mistakes and overcome them before the final attempt. The Certified Professional in Health Care Risk Management (CPHRM) (CPHRM) desktop practice exam software works only on Windows operating system.

## ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<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 2	<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 3	<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 4	<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 5	<ul style="list-style-type: none"> <li>• <b>Healthcare Operations:</b> 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>

>> Relevant CPHRM Questions <<

## 2026 Relevant CPHRM Questions - ASHRM Certified Professional in Health Care Risk Management (CPHRM) - Latest CPHRM Latest Test Prep

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

#### NEW QUESTION # 58

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 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.
- B. The on-call physician may refuse to participate in the care of any patient, for any reason.
- C. The on-call physician is never relieved of duty to accept a patient needing specialized services.
- **D. 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.**

**Answer: D**

Explanation:

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.

### NEW QUESTION # 59

An employer is not required to offer a reasonable accommodation to a job applicant with a qualified disability unless

- A. the applicant requests the accommodation.
- B. the employer recognizes that the accommodation is necessary.
- C. the applicant proves the disability.
- D. withholding the reasonable accommodation creates an unsafe condition.

**Answer: A**

Explanation:

Under Health Care Risk Management principles aligned with ASHRM and the American Hospital Association Certification Center, compliance with the Americans with Disabilities Act ADA requires employers to provide reasonable accommodations to qualified individuals with disabilities. However, the obligation to provide accommodation is generally triggered when the applicant or employee makes the employer aware of the need for accommodation.

The interactive process required by the ADA begins once the applicant requests an accommodation or discloses a need related to a disability. Employers are not required to speculate about potential disabilities or initiate accommodations without notice. While documentation may be requested to verify the disability in certain circumstances, proof is not the triggering requirement. Instead, the request itself initiates the employer's duty to engage in good faith discussion to determine reasonable accommodation.

Withholding accommodation that creates an unsafe condition may raise separate workplace safety concerns, but that is not the threshold requirement under the ADA. Similarly, an employer's recognition alone does not automatically impose an obligation absent a request or clear disclosure.

Legal and regulatory objectives emphasize proper documentation, consistent application of ADA standards, and engagement in the interactive process once accommodation is requested. Therefore, the employer's duty arises when the applicant requests the accommodation.

### NEW QUESTION # 60

The risk manager is called by an administrator and told that a member of the pharmacy staff was arrested last night for illegal distribution of controlled substances. Which of the following recommendations should the risk manager make to administration?

- \* Verify the pre-employment background check.
- \* Inventory controlled drug stock.
- \* Interview other pharmacy staff.
- \* Notify the National Practitioner Data Bank.

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

**Answer: B**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, when a pharmacy staff member is arrested for illegal distribution of controlled substances, the organization must focus on immediate operational and patient safety concerns.

Verifying the pre-employment background check ensures compliance with hiring policies and identifies whether due diligence was properly conducted.

An immediate inventory of controlled drug stock is essential to detect diversion, identify discrepancies, and comply with DEA requirements for controlled substance accountability. Prompt reconciliation of medication records protects patient safety and mitigates regulatory exposure.

Interviewing other pharmacy staff supports investigation of potential diversion patterns, internal control weaknesses, and workflow vulnerabilities. This step aligns with system-based risk management and prevention of further loss.

Notification to the National Practitioner Data Bank is not automatically required based solely on an arrest.

NPDB reporting typically involves certain professional review actions, licensure restrictions, or clinical privilege actions, not merely criminal charges unless formal disciplinary action occurs.

Health Care Operations objectives emphasize safeguarding controlled substances, regulatory compliance, and internal investigation. Therefore, verifying background checks, inventorying stock, and interviewing staff are appropriate recommendations.

### NEW QUESTION # 61

A patient has been declared brain dead as a result of injuries sustained during a criminal act. His driver's license states that he is an organ donor. The attending physician is planning to remove the life-support equipment. A risk manager should recommend

- A. coordinating the organ retrieval.
- **B. notifying authorities to determine if an autopsy is required.**
- C. determining the family's wishes regarding organ donation.
- D. following the patient's wishes and notify the organ retrieval team.

**Answer: B**

Explanation:

According to Health Care Risk Management standards established by ASHRM and the American Hospital Association Certification Center, deaths resulting from criminal acts fall under medico-legal jurisdiction and are typically subject to coroner or medical examiner review. Even when a patient is a documented organ donor, as indicated on a driver's license under the Uniform Anatomical Gift Act framework, the circumstances of death may require legal investigation.

When a death is associated with trauma from a criminal act, it is generally considered a reportable death. The medical examiner or coroner has statutory authority to determine whether an autopsy is required and to ensure preservation of forensic evidence. Organ procurement activities must not interfere with legal investigation obligations. Therefore, prior to organ retrieval or withdrawal of life support, the appropriate legal authorities must be notified.

While honoring the patient's documented donation wishes is important, compliance with state statutes governing reportable deaths and forensic investigations takes precedence. The family's wishes do not override a valid donor designation, but coordination must occur within the legal framework.

Thus, the most appropriate action for the risk manager is to ensure that authorities are notified to determine autopsy requirements before proceeding.

### NEW QUESTION # 62

All of the following are valid reasons for performing risk management review of policies and procedures EXCEPT

- A. identifying potential risk exposures.
- **B. maintaining staff competency.**
- C. ensuring consistency between practice and policy.
- D. monitoring compliance with standards.

**Answer: B**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, periodic review of policies and procedures is essential to ensure alignment with current laws, regulatory standards, accreditation requirements, and best practices. Reviewing policies helps ensure consistency between written procedures and actual clinical practice, thereby reducing liability exposure.

Policy review also supports identification of potential risk exposures by detecting outdated language, conflicting guidance, or gaps in processes that could lead to adverse events. Additionally, monitoring compliance with standards—such as federal regulations, state statutes, and accreditation requirements—is a central purpose of policy review, ensuring that organizational practices meet required benchmarks.

Maintaining staff competency, however, is primarily addressed through education, training programs, credentialing, and performance evaluation processes. While policies provide guidance for staff conduct, competency assessment is not the primary objective of policy review itself.

Health Care Operations objectives emphasize governance oversight, regulatory compliance, and risk mitigation through clear, current policies. Therefore, maintaining staff competency is not a direct reason for performing risk management review of policies and procedures, making it the correct exception.

### NEW QUESTION # 63

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