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## ASHRM CPHRM Exam Syllabus Topics:

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

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## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q66-Q71):

### NEW QUESTION # 66

In preparing next year's budget, the hospital CFO has contacted the risk manager for a projected contribution to the hospital's professional and general liability self-insured retention fund. To respond to this request, the risk manager should refer to which of the following?

- A. frequency and severity analyses of pending claims
- B. total incurred losses for the current year
- C. professional and general liability premiums
- **D. actuarial reports and loss runs**

**Answer: D**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, projecting contributions to a self-insured retention fund requires actuarially sound financial forecasting. Actuarial reports use historical claims data, trend analyses, loss development factors, and exposure projections to estimate future liabilities and required funding levels. Loss run reports provide detailed historical claims information, including paid losses, reserves, and claim status, which serve as foundational data for actuarial modeling.

Professional and general liability premiums are relevant to insured layers above the retention but do not determine funding requirements for the retained portion. Frequency and severity analyses of pending claims are important components of actuarial evaluation but, standing alone, may not capture long-tail development or incurred but not reported claims. Total incurred losses for the current year provide limited insight without considering historical patterns and future projections.

Risk financing objectives emphasize accurate funding of retained risk to ensure financial stability, regulatory compliance, and protection of organizational assets. Therefore, actuarial reports, supported by comprehensive loss run data, provide the most reliable basis for determining projected contributions to a self-insured retention fund.

### NEW QUESTION # 67

Aside from clinical risk exposures, which of the following should be evaluated as part of a risk assessment concerning telemedicine?

- A. financial
- B. public awareness
- C. behavioral
- **D. operational**

**Answer: D**

Explanation:

According to Health Care Risk Management standards outlined by ASHRM and the American Hospital Association Certification Center, telemedicine risk assessment must extend beyond clinical quality of care to include operational risks. Operational considerations encompass technology infrastructure reliability, cybersecurity protections, credentialing and privileging of providers across state lines, licensing compliance, documentation workflows, data storage, and continuity planning for system outages.

Telemedicine platforms rely heavily on secure networks, interoperability with electronic health records, and protection of protected health information. Operational failures such as system downtime, inadequate bandwidth, or insufficient training can disrupt care delivery and increase liability exposure. Additionally, compliance with regulatory requirements regarding interstate practice and reimbursement policies falls within operational risk management.

Behavioral and public awareness considerations may influence patient engagement but are not primary risk assessment categories. Financial risks are relevant in enterprise risk management; however, the question specifically contrasts clinical risk exposures with other telemedicine-related risks, making operational risk the most directly applicable.

Health Care Operations objectives emphasize comprehensive evaluation of technological, regulatory, and workflow factors in emerging service models. Therefore, operational risks should be evaluated alongside clinical exposures when assessing telemedicine programs.

#### **NEW QUESTION # 68**

All of the following are examples of an adverse drug event EXCEPT

- A. an error in ordering or dispensing a drug.
- **B. controlled substance inventory discrepancy.**
- C. administration of a drug by the wrong route.
- D. a drug reaction experienced by the patient.

**Answer: B**

Explanation:

Under Health Care Risk Management principles defined by ASHRM and the American Hospital Association Certification Center, an adverse drug event refers to patient harm or potential harm related to the use of medication. This includes medication errors and adverse drug reactions that directly affect patient safety.

Administration of a drug by the wrong route is a medication error that may result in patient harm and therefore qualifies as an adverse drug event. A drug reaction experienced by the patient is, by definition, an adverse drug reaction and falls within the broader category of adverse drug events. Similarly, an error in ordering or dispensing a drug represents a medication error that may cause or has the potential to cause harm to a patient.

In contrast, a controlled substance inventory discrepancy relates to regulatory compliance, diversion risk, or financial accountability, not direct patient injury. While such discrepancies are serious and fall under legal, regulatory, and operational risk domains, they do not constitute an adverse drug event unless patient harm occurs.

Clinical and patient safety objectives emphasize distinguishing between medication-related patient harm and regulatory or operational issues. Therefore, the controlled substance inventory discrepancy is not an adverse drug event.

#### **NEW QUESTION # 69**

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. 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, 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 # 70

Which of the following has been proven to reduce costs of workers' compensation programs?

- A. employee disciplinary actions
- B. comprehensive departmental safety analyses
- C. employee assistance programs
- D. early return-to-work programs

**Answer: D**

Explanation:

Within Health Care Risk Management frameworks endorsed by ASHRM and the American Hospital Association Certification Center, early return-to-work programs are recognized as one of the most effective strategies for controlling workers' compensation costs. These programs facilitate the safe and timely return of injured employees to modified or transitional duty consistent with medical restrictions.

Workers' compensation costs are significantly influenced by wage replacement benefits and duration of disability. By reducing the length of time an employee remains off work, early return-to-work initiatives directly decrease indemnity payments, lower claim severity, and improve overall claim outcomes.

Additionally, such programs support employee morale, maintain productivity, and reduce the likelihood of prolonged disability or litigation.

While comprehensive safety analyses contribute to injury prevention and long-term risk reduction, their direct cost impact is preventive rather than immediately measurable in claim severity. Employee assistance programs focus primarily on behavioral health and personal support, not claim cost containment. Disciplinary actions do not constitute a structured risk financing strategy and may negatively affect organizational culture.

Therefore, from a risk financing perspective, early return-to-work programs have demonstrated measurable effectiveness in reducing workers' compensation program costs.

### NEW QUESTION # 71

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