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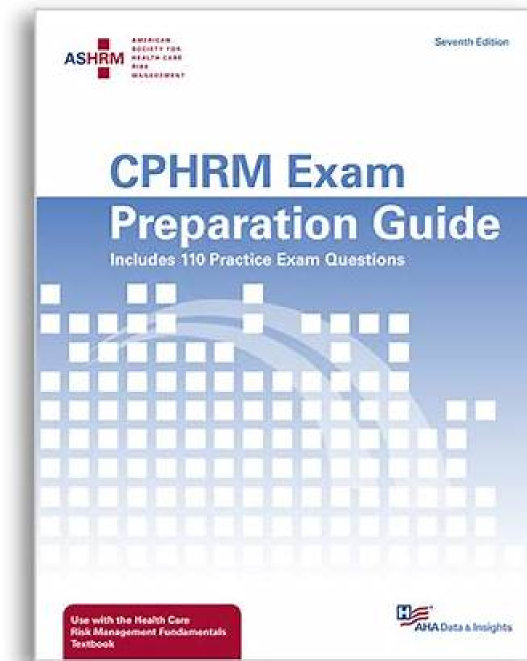

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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q68-Q73):

NEW QUESTION # 68
For a risk management program to be effective, it needs:

- A. Only incident reporting software
- B. Organizational commitment, visibility/access, and physician engagement

- C. Only a policy manual
- D. Only insurance coverage

Answer: B

Explanation:
Effective risk management requires more than tools-it needs organizational commitment (tone at the top), operational visibility (access to events, leaders, data), and physician engagement because many high-severity risks involve medical decision-making and clinical leadership. Risk management objectives include preventing harm (patient safety), reducing financial loss (claims and insurance costs), ensuring compliance, and building a learning culture. Without executive and board support, corrective actions stall; without visibility, emerging risks are missed; without physician buy-in, clinical process redesign fails. Successful programs integrate with quality, patient safety, compliance, legal, and operations, and they use structured methods (RCA/FMEA, audits, claims trend analysis) to drive measurable improvement. This also strengthens defensibility: it shows governance, action, and continuous improvement-key elements in regulatory review and litigation.

NEW QUESTION # 69
A hospital's blood transfusions are99.7% error-free. Which function best estimates how many transfusions are likely before an error occurs?

- A. Chi-square test
- B. Geometric distribution (time until first failure)
- C. Linear regression
- D. Multinomial distribution

Answer: B

Explanation:
If each transfusion has an independent probability of error, the number of transfusions until thefirsterror is modeled by thegeometric distribution, which describes "trials until first failure." The expected number of transfusions before an error is approximately, so. Risk management objectives use this type of reliability thinking to convert percentages into operational intuition: "Even a 0.3% error rate becomes a predictable event in high-volume processes." That insight supports prioritizing controls (barcoding, two-person verification, bedside ID checks, standardized labeling, transfusion time-outs) because rare-event rates still produce real harm over time. Interpreting reliability this way also helps boards and leaders understand that
"99.x%" can be unsafe in critical processes and that system redesign is often necessary to reach high reliability.

NEW QUESTION # 70
What significantly impacts whether incident reports are discoverable?

- A. The color of the incident form
- B. Staff seniority
- C. State statutes, federal statutes, and case law
- D. The patient's insurance plan

Answer: C

Explanation:
Discoverability of incident reports varies substantially by jurisdiction and depends on how state and federal laws define peer review privilege, quality improvement protections, and confidentiality-plus how courts interpret those protections. Risk management objectives include structuring reporting and investigation workflows to maximize protected quality review where legally available: routing analyses through designated committees, labeling and handling documents per policy, limiting distribution, and avoiding mixing risk/peer review materials with ordinary business records. However, privilege is not automatic; mishandling (broad email distribution, using reports for disciplinary actions outside protected structures, inconsistent committee practices) can weaken protections. A defensible program uses legal counsel guidance, staff training, and clear documentation rules so the organization learns from events while reducing unnecessary legal exposure.

NEW QUESTION # 71
Which of the following isnotone of the patient rights enumerated in the Patient Self-Determination Act (PSDA)?

- A. The right to refuse treatment through an advance directive (where applicable)
- B. The right to participate in decisions about medical care
- C. The right to select any medication the patient wants
- D. The right to receive information about advance directives

Answer: C

Explanation:
The PSDA focuses onpatient autonomy and informed decision-making, especially aroundadvance directives. It requires certain healthcare organizations to inform patients of their rights under state law to make decisions about medical care, ask whether the patient has an advance directive, document it, and avoid discrimination based on whether an advance directive exists. The Act doesnotcreate a right for patients to select any medication they want irrespective of clinical appropriateness, prescribing laws, formularies, allergies, contraindications, or standards of care. Risk management objectives here include: ensuring compliant admission workflows (education + documentation), reducing disputes through early clarification of preferences, and preventing ethical/legal breakdowns during incapacity. Operationally, PSDA compliance improves care planning, reduces unwanted treatment, and lowers complaint/litigation risk by showing the organization respected patient rights and followed required processes.

NEW QUESTION # 72
Which of the following analyses is required as part of the sentinel event process of The Joint Commission?

- A. flow chart listing the responsibilities for each of the departments involved
- B. action plan listing the steps for improvement and the dates of implementation for each step
- C. fishbone diagram of the causal factors
- D. Pareto chart outlining the problems identified and the priorities for improvement

Answer: B

Explanation:
According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, The Joint Commission's sentinel event process requires completion of a thorough root cause analysis and development of a corrective action plan. While various analytical tools such as fishbone diagrams, flowcharts, or Pareto charts may be used to assist in identifying contributing factors, these specific tools are not mandated.
The essential required component is a written action plan that identifies specific improvement steps, assigns responsibility, and includes measurable outcomes and timelines for implementation. The action plan must address root causes and system vulnerabilities, not merely individual performance issues. It should demonstrate how corrective actions will reduce the likelihood of recurrence and include monitoring mechanisms to evaluate effectiveness.
Fishbone diagrams and Pareto charts are optional tools used during analysis but are not explicitly required elements. Similarly, departmental flowcharts may support understanding of processes but are not mandated by The Joint Commission.
Clinical and patient safety objectives emphasize systematic investigation, leadership oversight, and documented improvement efforts following sentinel events. Therefore, a detailed action plan with implementation dates is the required analysis component within the sentinel event process.

NEW QUESTION # 73
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