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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"> Clinical 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.
Topic 3	<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.
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">• 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.
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Actual ASHRM CPHRM Exam Questions And Correct Solution

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

NEW QUESTION # 92

The Patient Safety and Quality Improvement Act of 2005 includes provisions to

- * amend the Public Health Service Act to establish procedures for the voluntary confidential reporting of medical errors.
- * enable the creation of patient safety organizations PSOs.
- * require mandatory reporting to PSOs.
- * classify patient safety work product reported to PSOs as privileged and confidential.

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

Answer: D

Explanation:

According to Health Care Risk Management standards established by ASHRM and the American Hospital Association Certification Center, the Patient Safety and Quality Improvement Act of 2005 amended the Public Health Service Act to promote voluntary reporting of patient safety events. The Act established a federal framework to encourage confidential reporting and analysis of medical errors in order to improve patient safety.

The law enabled the creation and certification of Patient Safety Organizations PSOs, which collect and analyze patient safety data submitted by healthcare providers. Importantly, the Act designates patient safety work product submitted to PSOs as privileged and confidential, providing federal legal protections against disclosure in most civil, criminal, or administrative proceedings. This privilege encourages candid reporting and system-wide learning.

However, reporting to PSOs is voluntary, not mandatory. The Act was specifically designed to foster participation by offering confidentiality protections rather than imposing compulsory reporting requirements.

Legal and regulatory objectives in healthcare risk management emphasize understanding the scope of federal protections and ensuring proper designation and handling of patient safety work product. Therefore, provisions 1, 2, and 4 are correct, while mandatory reporting to PSOs is not required under the Act.

NEW QUESTION # 93

Which of the following should a risk manager consider when evaluating the effectiveness of a claims management program?

- * indemnity-to-expense ratios
- * total number of cases reported
- * percentage of cases resolved within reserves
- * percentage of cases identified prior to claim

- 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: C

Explanation:

According to Health Care Risk Management principles outlined by ASHRM and the American Hospital Association Certification Center, evaluation of a claims management program focuses on efficiency, financial accuracy, and proactive identification of risk exposures.

Indemnity-to-expense ratios are important performance indicators that measure the proportion of funds spent on compensation versus defense costs. A balanced ratio reflects efficient claim handling and appropriate litigation management. The percentage of cases resolved within reserves evaluates the accuracy of initial reserve setting and ongoing claims assessment, demonstrating financial forecasting effectiveness.

Additionally, the percentage of cases identified prior to formal claim filing reflects proactive risk identification and early intervention practices, which may reduce litigation costs and improve resolution outcomes.

In contrast, the total number of cases reported alone does not measure program effectiveness, as volume may be influenced by patient population, service lines, or reporting culture rather than management quality.

Claims and litigation objectives emphasize accurate reserving, early case identification, and cost-effective resolution strategies.

Therefore, indemnity-to-expense ratios, resolution within reserves, and early case identification are appropriate metrics for evaluating the effectiveness of a claims management program.

NEW QUESTION # 94

Which of the following are essential elements of a standard loss run?

- A. date, expense, and indemnity
- B. common law, case law, and analysis
- C. date, frequency, and severity
- D. date, location, and root cause analysis

Answer: A

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, a standard loss run is a report generated by an insurer or third-party administrator summarizing claims activity for a specific period. Loss runs are critical tools in risk financing, underwriting review, actuarial analysis, and budgeting for self-insured retentions. Essential elements of a standard loss run include the date of loss, indemnity payments, and expense payments.

Indemnity reflects amounts paid or reserved for compensation to claimants, while expense represents allocated loss adjustment expenses such as defense costs, expert witness fees, and investigation costs. These data elements allow the organization to evaluate financial exposure, trends in claim development, and adequacy of reserves.

While frequency and severity are important analytical concepts derived from loss data, they are not typically listed as standalone fields within the basic loss run report. Legal analysis, case law references, and root cause analyses are not standard components of loss run documentation.

Risk financing objectives emphasize accurate tracking of financial exposure and informed forecasting.

Therefore, date, expense, and indemnity are essential elements of a standard loss run report.

NEW QUESTION # 95

A hospital uses the same labels for all prescriptions, but they don't fit on small containers, so employees must cut/paste labels in a special way. This is an example of:

- A. Clinical decision support
- B. Risk financing
- C. Value-added work
- D. Extra processing (Lean waste)

Answer: D

Explanation:

In Lean terms, extra processing is work that does not add value from the patient's perspective and often introduces defect risk. Cutting and reformatting labels is a classic extra-processing waste: it consumes time, creates variability, and increases the likelihood of mislabeling—one of the most serious medication safety hazards. Risk management objectives prioritize eliminating rework and standardizing the labeling process through right-sized labels, standardized print templates by container type, barcode integration, and human factors design (font size, tall-man lettering where appropriate). Removing extra processing improves efficiency and reduces cognitive load and workaround culture—both strongly associated with error. Operationally, this is a system design failure: staff are compensating for poor equipment/process fit. Fixing the system reduces the chance of a high-severity adverse event and strengthens defensibility by demonstrating proactive hazard elimination.

NEW QUESTION # 96

An interrogatory requests insurance policy information. A risk manager should

- A. provide excess limits as well as primary limits.
- **B. provide the specifically requested information.**
- C. object to the interrogatory.
- D. attach a certificate of insurance.

Answer: B

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, insurance policy information is generally discoverable in litigation. Most jurisdictions require disclosure of applicable liability coverage, including policy limits, pursuant to civil procedure rules governing discovery. Therefore, when an interrogatory properly requests insurance policy information, the organization should provide the specifically requested information in coordination with defense counsel.

Providing more information than requested, such as automatically including excess limits if not asked, may exceed the scope of the interrogatory and should be guided by legal counsel. A certificate of insurance is not a substitute for responding to formal discovery requests, as it may not contain all required details regarding coverage, limits, and applicable policy periods.

Objecting to the interrogatory without valid legal grounds is generally inappropriate, as insurance coverage information is typically relevant to potential satisfaction of judgment.

Claims and litigation objectives emphasize cooperation with counsel, compliance with discovery rules, and accurate disclosure of coverage information. Therefore, the appropriate response is to provide the specifically requested insurance policy information in accordance with legal guidance.

NEW QUESTION # 97

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