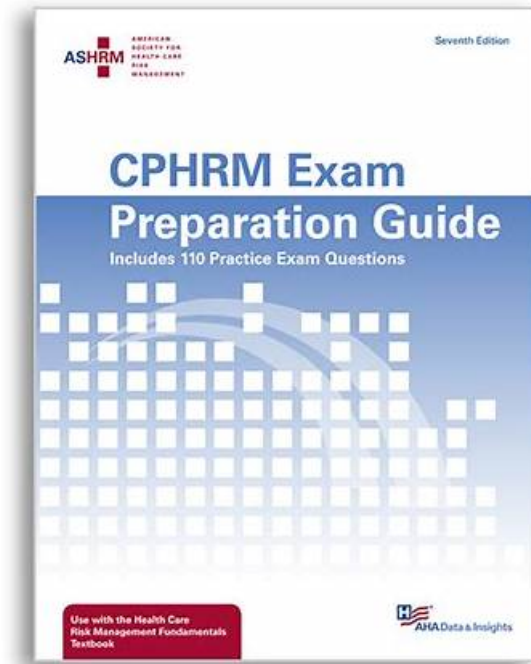


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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q43-Q48):

NEW QUESTION # 43

Ultimately, the accountability for the risk management program belongs to:

- A. A single bedside nurse

- B. The gift shop manager
- **C. The board**
- D. The parking contractor

Answer: C

Explanation:

Boards are ultimately accountable for oversight of organizational risk, including patient safety, quality, compliance, and financial sustainability. While executives and risk leaders manage day-to-day operations, board governance sets expectations, ensures resources, monitors performance, and holds leadership accountable for corrective action. Risk management objectives at the governance level include approving risk appetite, reviewing top enterprise risks, ensuring systems exist for event reporting and learning, and verifying that mitigation plans are implemented and effective. In litigation and regulatory scrutiny, board oversight can be a critical factor: a board that demands transparency, tracks harm signals, and supports safety investment strengthens the organization's defensibility and reduces preventable harm.

NEW QUESTION # 44

A patient who has suffered a stroke is aphasic and unable to swallow. The physician would like to place a PEG tube for feeding. The patient is considered incapacitated and his wife consents to the treatment. The patient's adult children do not. The wife and oldest daughter each present a power of attorney document identifying them as the designated decision makers. To support the ethical principle of patient autonomy, which of the following should the risk manager recommend?

- **A. Check the dates on the documents; the one with the more recent date is the valid power of attorney.**
- B. Refer the matter to the Ethics Committee for resolution.
- C. Tell the family to contact their respective counsel and return when they have worked this issue out.
- D. Check the dates on the documents; the one with the older date is the valid power of attorney.

Answer: A

Explanation:

Under Health Care Risk Management principles supported by ASHRM and the American Hospital Association Certification Center, patient autonomy is upheld by honoring valid advance directives and durable powers of attorney for healthcare. When multiple documents are presented that designate different decision makers, the most recent properly executed document typically supersedes earlier versions, unless state law provides otherwise.

Durable powers of attorney for healthcare may be revoked or replaced by executing a newer document.

Therefore, determining the effective document requires reviewing execution dates and ensuring validity under applicable state statutes, including witnessing and notarization requirements. The document with the more recent date generally reflects the patient's latest expressed wishes and controls decision-making authority.

Referring immediately to an ethics committee may be appropriate in unresolved value conflicts, but first establishing legal authority is essential. Asking the family to resolve the dispute independently delays necessary medical decisions and does not clarify legal standing. Selecting the older document would contradict the principle that later directives replace earlier ones.

Legal and regulatory objectives emphasize verification of surrogate authority, compliance with state advance directive laws, and protection of patient autonomy. Therefore, the risk manager should confirm which document is most recent and legally valid.

NEW QUESTION # 45

An organization's chief of orthopedics has scheduled an implant of a new artificial hip for the next day. The chief developed the artificial hip while working as a consultant for a medical device company. The device has not yet been approved by the FDA or the Institutional Review Board. The risk manager's best immediate course of action is to

- A. verify the informed consent for the procedure.
- B. call a special meeting of the Institutional Review Board.
- **C. call the chief of surgery to discuss canceling the procedure.**
- D. contact the FDA to clarify the status of the device.

Answer: C

Explanation:

Under Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the implantation of a medical device that lacks FDA approval and Institutional Review Board oversight presents significant legal and regulatory violations. Use of an unapproved device outside of an approved investigational protocol may violate federal

regulations governing human subject research and medical device approval processes.

The risk manager's primary responsibility is to immediately mitigate regulatory and liability exposure.

Because the procedure is scheduled for the next day, urgent intervention is required. Contacting the FDA would not resolve the immediate risk. Verifying informed consent is insufficient, as patient consent cannot legitimize use of an unapproved device outside regulatory pathways. Calling a special IRB meeting would not retroactively authorize an unapproved device without appropriate investigational device exemption processes.

Escalating the issue to the chief of surgery to halt or cancel the procedure is the most appropriate immediate step. This ensures that organizational leadership addresses the compliance violation before patient harm occurs. Risk management objectives emphasize proactive prevention of regulatory breaches, protection of patient safety, and preservation of institutional integrity. Therefore, stopping the procedure is the correct and immediate action.

NEW QUESTION # 46

A risk manager identifies a problem with the informed consent process in the organization. All of the following are appropriate interventions EXCEPT

- A. reporting physicians with incomplete consent forms to the appropriate peer review committee.
- B. educating medical, nursing, and physician office staff on components of the informed consent process.
- C. reviewing and revising the informed consent policies and procedures.
- D. conducting a medical record audit to ascertain completeness of consent forms.

Answer: A

Explanation:

According to Health Care Risk Management standards endorsed by ASHRM and the American Hospital Association Certification Center, system-level issues in the informed consent process should first be addressed through quality improvement and educational interventions rather than immediate punitive action.

Conducting a medical record audit is an appropriate first step to identify patterns of incomplete documentation and determine whether the problem is isolated or systemic. Reviewing and revising policies and procedures ensures alignment with current legal standards and clarifies responsibilities for obtaining and documenting consent. Providing targeted education to physicians, nurses, and office staff reinforces understanding of required elements, including discussion of risks, benefits, alternatives, and patient questions.

Reporting physicians with incomplete consent forms directly to peer review may be appropriate in cases of persistent noncompliance or willful disregard of standards. However, when a systemic process problem is identified, immediate referral to peer review is not the appropriate primary intervention and may undermine a just culture approach.

Clinical and patient safety objectives emphasize root cause identification, education, and process improvement before disciplinary escalation. Therefore, reporting physicians to peer review in this context represents the inappropriate intervention.

NEW QUESTION # 47

What are the four elements of the SBAR situational briefing model?

- A. Situation, Behavior, Action, Result
- B. Scene, Background, Assessment, Response
- C. Situation, Background, Assessment, Recommendation
- D. Summary, Background, Action, Review

Answer: C

Explanation:

SBAR is a standardized communication framework used to reduce preventable harm caused by incomplete, unclear, or delayed clinical communication—especially during handoffs, escalations, and urgent updates. The four elements are Situation (what is happening now), Background (clinical context and relevant history), Assessment (what you think the problem is based on data), and Recommendation (what you need/request as the next step). By forcing concise structure, SBAR improves shared situational awareness, supports early recognition of deterioration, and reduces ambiguity ("hinting and hoping"). From a risk management standpoint, SBAR strengthens frontline reliability, decreases communication-related sentinel events, and supports defensible care by demonstrating a consistent escalation process. It also aligns with patient safety objectives: clearer teamwork, faster response to clinical changes, and fewer omissions during transitions of care.

NEW QUESTION # 48

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