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In this Desktop-based ASHRM CPHRM practice exam software, you will enjoy the opportunity to self-exam your preparation. The chance to customize the ASHRM CPHRM practice exams according to the time and types of Certified Professional in Health Care Risk Management (CPHRM) (CPHRM) practice test questions will contribute to your ease. This format operates only on Windows-based devices. But what is helpful is that it functions without an active internet connection. It copies the exact pattern and style of the real Certified Professional in Health Care Risk Management (CPHRM) (CPHRM) exam to make your preparation productive and relevant.

ASHRM CPHRM Exam Syllabus Topics:

| Topic | Details |
|---------|--|
| Topic 1 | <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 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"> • 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 4 | <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 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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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q108-Q113):

NEW QUESTION # 108

An intervention between parties to promote reconciliation, settlement, or compromise is

- A. a mediation.
- B. a jury trial.
- C. an arbitration.
- D. a judge trial.

Answer: A

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, mediation is a form of alternative dispute resolution designed to facilitate voluntary settlement between parties. In mediation, a neutral third party assists disputing parties in communicating, clarifying issues, and exploring mutually acceptable resolutions. The mediator does not impose a binding decision but guides negotiation toward compromise and reconciliation.

Arbitration differs in that the neutral arbitrator typically renders a decision that may be binding, depending on the agreement between parties. Jury trials and bench trials involve formal court proceedings where a judge or jury determines liability and damages based on legal standards and evidence. These processes are adversarial and result in judicial determinations rather than negotiated compromise.

Claims and litigation objectives emphasize cost containment, early resolution, and reduction of adversarial conflict when appropriate. Mediation can reduce defense expenses, shorten case duration, and preserve professional relationships. It also provides greater confidentiality and flexibility than courtroom litigation.

Therefore, the intervention specifically intended to promote reconciliation, settlement, or compromise between parties is mediation.

NEW QUESTION # 109

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

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

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 # 110

A hold-harmless agreement is an important component of which of the following aspects of a risk financing program?

- A. risk retention
- B. first-party liability insurance
- C. third-party liability insurance
- **D. risk transfer**

Answer: D

Explanation:

Within Health Care Risk Management frameworks established by ASHRM and the American Hospital Association Certification Center, risk financing strategies include risk retention, risk transfer, and insurance mechanisms. A hold-harmless agreement is a contractual provision in which one party agrees to assume responsibility for certain liabilities and to protect another party from claims or losses arising from specified activities. This mechanism is a classic example of risk transfer.

Through hold-harmless or indemnification clauses, an organization shifts potential financial responsibility for loss to another party, often a contractor, vendor, or service provider. This contractual allocation of liability reduces the organization's exposure without necessarily purchasing insurance. It is therefore categorized under noninsurance risk transfer.

Risk retention, by contrast, involves assuming and financing losses internally, such as through self-insurance or deductibles. First-party liability insurance addresses losses sustained directly by the insured organization, while third-party liability insurance covers claims made by others against the organization. Although insurance is also a method of risk transfer, the specific instrument described in the question is a contractual transfer mechanism rather than an insurance product.

Accordingly, a hold-harmless agreement is most directly associated with risk transfer within a comprehensive risk financing program.

NEW QUESTION # 111

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

Answer: A

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 # 112

The enterprise risk management process extends beyond clinical risk management by

- A. analyzing the organization's medication administration program.
- B. maintaining risks in silos as the best risk management approach.
- **C. ensuring its strategic priority at the senior leadership and governance levels.**
- D. comparing the organization's internal and external environment for efficacy.

Answer: C

NEW QUESTION # 113

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How far is the word from the deed? If you are a man of strong will, victory is at hand. Since you want to pass ASHRM CPHRM

