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Question: 1

Which of the following should be included in a corrective action plan?

- A. Statements that argue against or that negate identified deficiencies
- B. Open-ended timelines for flexibility in compliance with action items
- C. Establishment of multidisciplinary teams to perform work on each action item
- D. Methods and tools that will be used to measure the success and completion of each action item

Answer: D

Explanation:

The purpose of a corrective action plan is to create a set of actions that can be implemented to correct an identified deficiency or area of noncompliance. An effective plan should clearly state the deficiency or problem

describe the actions that will be taken to address the problem

identify a person as the owner responsible for ensuring that each action item is completed establish deadlines for completion of each item

identify the method and tools that will be used to measure success and completion of each action item

Question: 2

Hope Medical Center is located in a state that has enacted a law to provide immunity for members of the designated peer review committee. A rather heated discussion regarding the care provided to a patient by Dr. Pierce takes place at a meeting of the peer review committee. The members are concerned about the extent of immunity afforded to them. Which of the following will most arguably be immune from liability?

- A. Member A comments that Dr. Pierce was probably stressed when delivering care because he is having marital issues.
- B. Member B outlines his opinions on the quality of care provided by Dr. Pierce.
- C. Member C's practice is in direct competition with Dr. Pierce's. He states that he believes Dr. Pierce is going to be fired from his practice due to incompetence.
- D. Member D states that he had lunch with Dr. Pierce in the physician lounge and proceeds to outline the information he learned about this case, directly from Dr. Pierce.

Answer: B

Explanation:

Peer review laws are designed to provide immunity to members of a peer review committee in order to allow the member to freely discuss opinions on quality of care and

qualifications of a provider without fear of civil or criminal liability. There are exceptions to immunity such as when the member discloses or discusses information that is not pertinent or related to the care being reviewed. Another exception occurs when the member or reviewer reports information that the individual knows or should have known to be false or does so with malicious intent.

Question: 3

The Emergency Medical Treatment and Labor Act (EMTALA) requires the ED to comply with all of the following EXCEPT

- A. the ED must provide each patient presenting to the ED with written notice of their EMTALA rights.
- B. the ED must keep a central log of all persons coming to the facility requesting screening and treatment.
- C. the ED must keep a record of all patients who leave the facility prior to receiving a medical screening examination (MSE), also known as left without being seen.
- D. the ED must make a reasonable effort to advise patients of the medical risks of leaving without having the recommended treatment or against medical advice.

Answer: A

Explanation:

Facilities are not required to provide patients with written notice, but they must post EMTALA information signs in a place where patients are likely to notice them.

Question: 4

Which of the following should be addressed by a policy that should be developed and maintained by the risk management professional?

- A. Patient safety events
- B. Codes of conduct
- C. Ethics consultations
- D. Emergency management plans

Answer: A

Explanation:

A policy addressing patient safety events should be developed and maintained by the risk management professional and should include the definitions of patient safety events, near misses, adverse events, and sentinel events, along with the process for the review of events, including RCA for sentinel events.

Although the risk management professional may be consulted on the content of these other policies, ownership of the code of conduct typically lies with the compliance department, ownership of the ethics consultation lies with the medical staff, and ownership of the emergency management plan lies with the safety and security staff.

Question: 5

Which of the following is NOT a practice standard for telemedicine?

- A. Requirement that the provider be licensed in the state for which he or she is providing remote services
- B. Restriction of remote care to nonemergency cases
- C. Requirement that telemedicine providers have professional liability coverage for remote care
- D. Prohibition of prescribing controlled substances or narcotics remotely

Answer: A

Explanation:

Practice standards and guidelines for telemedicine include a requirement that the telemedicine provider have a license to practice medicine in the US, not necessarily every state in which the provider practices. Because telemedicine practitioners often provide services in more than one state, licensure and credentialing can present challenges. Many states have created alternative models to multistate licensure in an effort to address these challenges.

Question: 6

The medical staff at Hope Memorial Hospital desires to establish a new process to address physician behavioral issues. In addition, they will need to operationalize the process and provide guidance to the medical staff to ensure that the process is followed and applied consistently. The medical staff should consider all of the following EXCEPT

- A. establishing a physician behavior review committee under the medical staff bylaws.
- B. implementing medical staff rules and regulations to detail how the committee's responsibilities will be carried out.
- C. drafting policies and procedures to guide the committee and ensure consistency in how the committee carries out its responsibilities.
- D. approving and implementing all of these bylaws, rules and regulations, and policies by vote of the medical staff.

Answer: D

Explanation:

In general, medical staff bylaws and any changes thereto must be approved the facility's governing body (i.e., the board of directors), whereas rules and regulations, along with policies and procedures, are considered to be owned by the medical staff and do not require board approval. Medical staff bylaws set forth the responsibilities of the medical staff, the framework for medical staff committees, and membership and disciplinary processes. The rules and regulations operationalize the bylaws by detailing how the responsibilities outlined in the bylaws will be assigned and carried out. Policies, procedures, and protocols contain the detailed, day-to-day information that are required to guide the medical staff and ensure consistency in the application of the rules and regulations.

Question: 7

Mrs. Garcia sues Dr. Clinton for negligence in treatment of her lung cancer. The parties attempt to resolve the claim outside of the courtroom to avoid the expense of trial. They hire a neutral third party to assist them in facilitating resolution of the claim. This is an example of what type of alternative dispute resolution?

- A. Negotiation
- B. Mediation
- C. Arbitration
- D. Facilitation

Answer: B

Explanation:

Mediation is a process in which a neutral third party facilitates an agreement between the parties. The parties still maintain some degree of control in resolution. Negotiation is a voluntary, typically unstructured, process whereby the parties maintain control of discussion and resolution. Arbitration is a process in which a neutral third party makes a binding decision on the claim. The parties maintain very little control of the resolution.

Question: 8

All of the following are generally recognized as essential elements in the informed consent process EXCEPT

- A. a discussion of the benefits of the proposed treatment or procedure.
- B. disclosure of the alternatives to the proposed treatment.
- C. disclosure of the risks of the proposed treatment including remote and unlikely risks.
- D. an opportunity for the patient to ask questions and have them answered to his or her satisfaction.

Answer: C

Explanation:

The informed consent process should always include disclosure of the likely risks of the treatment or procedure. This should include known risks, but not necessarily remote or extremely unlikely risks.

The process should also include a discussion of the purposes of the treatment, along with the benefits and alternatives (including the alternative of declining all treatment) and an opportunity for the patient to ask questions.

Question: 9

Which of the following is considered Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)?

- A. Heart rate readings on a Fitbit health and fitness tracker
- B. Social security number
- C. Employment records containing data such as allergies and blood type
- D. An X-ray of the hand without any information attached to the image

Answer: B

Explanation:

Protected health information (PHI), or individually identifiable health information, is any information that can be used to identify a single person, including name, address, social security number, date of birth, telephone number, and medical record number. Although heart rate readings could be PHI if maintained by a covered entity with other identifiable information, the same data maintained on a personal health tracking app would not be PHI. Employment records are not protected by HIPAA even if they contain medical information. An X-ray without any other information cannot identify a patient: therefore, it is simply medical information, not PHI.

Question: 10

Dr. Brown, an ED physician, refuses to provide necessary care to a patient in the ED in violation of EMTALA. The patient is treated at another local facility and is diagnosed with an arterial occlusion that results in amputation of his foot. He sues the physician. Which of the following legal principles will likely allow the patient to prevail in his claim against the physician?

- A. Negligence per se
- B. Breach of contract
- C. Common law negligence
- D. Fraud and abuse

Answer: A

Explanation:

Negligence per se is a principle that applies to laws that are enacted to protect the public. If a person violates one of these laws, the principle states that the violation automatically equates to negligence. Whereas four elements are required to prevail in a negligence claim, the elements of duty and breach of duty are removed in a negligence per se claim. and the plaintiff must only prove causation and damages to prevail. Because this is an EMTALA violation, the principle of negligence per se applies and the patient is now only required to prove that the refusal of care caused a delay in treatment of the arterial occlusion, resulting in the amputation.

Question: 11

All of the following are key components of a risk management plan EXCEPT

-
- A. identification of the authority or delegation of authority for operation of the risk management plan.
 - B. the scope of the risk management program.
 - C. approval of the risk management program by the governing body.
 - D. an outline of the budget requirements to implement the risk management plan.

Answer: D

Explanation:

The risk management plan is a written document that outlines the purpose, structure, and key responsibilities of the organization's risk management program. The plan should identify the authority and any delegation of authority for operation of the risk management program, the scope of the program, the program elements and objectives, key job roles, and the approval of the program.

Question: 12

A HIPAA-compliant authorization for release of health information must contain the following:

- A. a statement that the authorization is irrevocable.
- B. a statement advising of the possibility that the PHI could be further disclosed by the recipient.
- C. a statement that the authorization does not expire.
- D. a statement that deidentified health information may be disclosed Without the patient's authorization.

Answer: B

Explanation:

A HIPAA-compliant authorization for release of health information must contain a statement advising that the PHI could be further disclosed by the recipient, outside the control of the covered entity. A compliant authorization is revocable, and the patient may designate an expiration date. It is not for the purpose of addressing deidentified information.



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