# PRACTICE EXAM 10 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager is implementing a "rounding with reason" program where the nurse manager rounds on every patient within twentyfour hours of admission to establish a personal connection, identify concerns early, and reinforce the care team's commitment to the patient's experience. During rounds, the manager discovers that patients consistently report not knowing their nurse's name. Which action MOST directly addresses this finding?

A. Post each nurse's name and photo outside the patient's room with a brief professional biography

B. Implement a standardized nurse introduction protocol where nurses introduce themselves by name, explain their role, describe what the patient can expect during their shift, and write their name on the patient's communication board

C. Require nurses to wear larger identification badges with their names printed in bold, highcontrast lettering

D. Address the finding at the next staff meeting and remind nurses of the importance of introducing themselves to patients

2. A nurse manager is developing a strategy for communicating with a patient's family who has been posting negative comments about the hospital on social media in real time during the patient's hospitalization. The family has posted specific clinical information and staff names. Staff are aware of the posts and feel publicly criticized. Which approach is MOST appropriate?

A. Request that the hospital's legal department issue a ceaseanddesist letter to the family regarding the disclosure of staff names on social media

B. Meet with the family to understand their concerns, address the underlying issues driving the posts, explain the impact of posting staff names publicly, offer ongoing direct communication as an alternative outlet for concerns, and support staff through the experience

C. Instruct staff to avoid providing any information to the family beyond the minimum required for clinical care to prevent additional material for social media posts

D. Block the family's social media accounts through the hospital's IT department to prevent further posts

3. A nurse manager is developing a plan to improve handoff communication for patients transferring from the intensive care unit to the stepdown unit. ICU nurses report that stepdown nurses frequently call back with questions about information that was included in the handoff. Stepdown nurses report that the volume of ICUlevel detail in the handoff makes it difficult to identify the most clinically relevant information. Which intervention is MOST effective?

A. Require ICU nurses to provide a more detailed handoff report that comprehensively covers every aspect of the patient's ICU stay

B. Require stepdown nurses to review the medical record independently before calling the ICU with questions

C. Limit the verbal handoff to five minutes and direct stepdown nurses to the medical record for all additional information

D. Develop a tiered handoff format that highlights the most critical active issues requiring immediate stepdown attention in a structured summary, provides a secondary reference layer for background clinical details, and defines which information the receiving nurse should expect to find in the medical record rather than verbal report

4. A nurse manager is facilitating a conversation with a family who is requesting that only white nurses care for their family member. The patient is alert and oriented and has not expressed this preference personally. Which response is MOST appropriate?

A. Explain that the hospital does not accommodate requests based on race, that all nurses are qualified to provide care regardless of race, and that nursing assignments are made based on clinical competency and staffing needs

B. Accommodate the request temporarily to avoid conflict and address the issue with the family later when the patient is more stable

C. Transfer the patient to another unit where the family's request can be more easily accommodated without disrupting the current unit's staffing

D. Document the request and notify the patient relations department to manage the family's expectations while continuing normal assignment practices

5. A nurse manager is implementing a structured discharge phone call program. Analysis of the first three months of data reveals that nurses making the calls express frustration that patients frequently report problems the nurse cannot resolve — such as prescription issues, insurance denials, and

transportation barriers — because the problems require coordination with other departments. Which adjustment is MOST effective?

A. Restrict the discharge phone call conversation to medication and symptomrelated questions only and direct patients with other concerns to appropriate departments

B. Develop a resource toolkit for discharge call nurses that includes direct contacts and warm transfer capabilities for pharmacy, insurance, transportation, and social services, enabling realtime problem resolution or immediate referral during the call

C. Transfer the discharge phone call responsibility to the case management department since they have the crossdepartmental relationships needed to resolve the types of problems patients report

D. Add a social worker to the discharge phone call team who handles all nonclinical patient concerns identified during the calls

6. A nurse manager is addressing a situation where a nurse has been providing care to a patient for three consecutive twelvehour shifts. The patient has expressed strong preference for this nurse and becomes agitated when other nurses are assigned. The nurse has agreed to care for the patient each shift she works, but the assignment is creating staffing inflexibility and preventing other nurses from developing experience with this patient population. Which response is MOST appropriate?

A. Honor the patient's preference indefinitely since patientcentered care requires accommodating patient wishes whenever possible

B. Assign a different nurse immediately to establish that patient preferences do not override staffing decisions

C. Allow the arrangement to continue but ask the nurse to include a secondary nurse in each shift's care activities so the patient becomes comfortable with an alternative provider

D. Discuss the situation with the patient and nurse together, acknowledge the therapeutic relationship, explain the need for assignment flexibility, develop a transition plan that introduces a secondary nurse gradually, and establish boundaries for future assignment requests

7. A nurse manager is developing a communication plan for implementing a new rapid response team model that replaces the traditional physicianled model with a nurse practitionerled model. Medical staff

have expressed concern that removing the physician from the rapid response team will compromise care quality. Which communication strategy is MOST effective?

A. Present a comparison of outcomes data from hospitals that have successfully implemented NPled rapid response teams versus physicianled models

B. Organize a joint meeting with medical staff and the NPs who will lead the rapid response team, present evidence supporting the model, address specific clinical concerns with data, define the collaboration pathway between NPs and physicians for complex cases, and establish a trial period with outcome monitoring

C. Implement the model without physician input since the decision has been made by organizational leadership and medical staff concerns should be addressed after implementation

D. Delay implementation until medical staff unanimously endorse the NPled model to prevent resistance from undermining the program

8. A nurse manager is responsible for communicating a change in the unit's visitation policy from open visitation to structured visitation hours. The change is being driven by evidence that unrestricted visitation disrupts patient rest, interferes with clinical activities, and contributes to noiserelated patient complaints. Family advisory council members oppose the change. Which communication approach is MOST effective?

A. Implement the structured hours and explain the rationale to families individually as they arrive on the unit

B. Present the evidence to the family advisory council, acknowledge their opposition, involve them in designing the structured hours and exception processes, and commit to evaluating the policy's impact on both patient outcomes and family satisfaction within a defined timeframe

C. Compromise by implementing quiet hours during specific periods while maintaining open visitation during the remainder of the day

D. Defer to the family advisory council's opposition and maintain the current open visitation policy since patient and family satisfaction is the organization's priority

9. A nurse manager is developing a strategy for managing a patient who has been identified as a VIP — the hospital CEO's spouse. Staff report feeling pressure to provide preferential treatment, and the patient

has been requesting services outside the standard of care, such as demanding specific physicians and requesting that her room be upgraded to a private suite that is reserved for isolation patients. Which response is MOST appropriate?

A. Accommodate all requests to maintain the hospital CEO's goodwill and ensure a positive experience for the VIP patient

B. Assign the most senior and experienced nurse to the VIP patient to ensure exceptional care delivery throughout the hospitalization

C. Notify the chief nursing officer about the situation and request guidance on managing the competing pressures

D. Provide the same standard of care as all other patients, address inappropriate requests through the standard patient communication process, ensure staff feel supported in maintaining equitable care standards, and document any interactions where pressure to deviate from standard practice is applied

10. A nurse manager is implementing a "communication bundle" for hourly rounding that includes four standard elements: pain assessment, personal needs (toileting, positioning), proximity (ensuring items are within reach), and plan (explaining the next check and what to expect). After implementation, nurses report that the scripted communication feels robotic and patients have commented that interactions seem forced. Which adjustment is MOST appropriate?

A. Abandon the communication bundle since scripted interactions are counterproductive to genuine patientnurse relationships

B. Reduce the bundle from four elements to two — focusing only on pain and personal needs — to make the interaction shorter and less scripted

C. Reframe the bundle as a content framework rather than a script, encourage nurses to address all four elements using their own conversational style, provide examples of how different nurses have personalized the approach, and evaluate whether the adjustment improves both compliance and authenticity

D. Require strict adherence to the scripted bundle and allow patients time to adjust to the structured communication format

11. A nurse manager is navigating a situation where two physicians who practice on the unit have a wellknown personal conflict that is affecting patient care. They refuse to communicate directly with each other, route all communication through the nursing staff, and make disparaging comments about each other's clinical decisions in front of nurses and patients. Which action is MOST appropriate?

A. Document specific instances where the physician conflict has affected patient care, address the behavior directly with both physicians, report the pattern to the medical staff office and the chief medical officer, and establish that nursing staff will not serve as intermediaries for physiciantophysician communication

B. Accept the intermediary role as an inherent part of the nurse manager's responsibility for coordinating care on the unit

C. Assign each physician's patients to separate nursing teams so the conflict does not cross team boundaries

D. Report the physicians anonymously to the patient safety hotline since their behavior constitutes a patient safety hazard

12. A nurse manager is developing a strategy for communicating with patients who have health literacy limitations. Current patient education materials are written at an average twelfthgrade reading level. The unit's patient population has an average reading level of sixth grade based on community literacy data. Which intervention is MOST comprehensive?

A. Replace all written materials with verbal education and document the teaching in the nursing notes

B. Redesign patient education materials to a fifthtosixthgrade reading level using plain language, supplement written materials with visual aids and multimedia resources, train staff in health literacy assessment and teachback verification, and integrate health literacy screening into the admission process

C. Provide all patients with access to a patient education tablet that offers materials at multiple reading levels and allow them to select their preferred level

D. Assign the patient education specialist to review and revise all unit education materials within the next twelve months

13. A nurse manager is responsible for a unit where a patient's adult child has been filming the patient — who has dementia and cannot consent — in vulnerable states (during bathing, during confused

episodes) and sharing the videos on social media with commentary about the parent's condition. Staff feel the videos violate the patient's dignity. Which action is MOST appropriate?

A. Allow the filming to continue since the patient's adult child has legal authority to make decisions for the parent and the filming occurs during the family's private time

B. Address the concern with the adult child by discussing the patient's dignity and privacy, explain that the patient cannot consent to filming, review organizational recording policies, consult with the ethics committee and social work if the behavior continues, and document all conversations

C. Confiscate the family member's recording device when they enter the patient's room to prevent further filming

D. Report the situation to adult protective services as potential exploitation of a vulnerable adult

14. A nurse manager is implementing a reverse mentoring program where newer nurses mentor experienced nurses on topics such as technology adoption, current evidencebased practices, and contemporary nursing education content. Experienced nurses are skeptical and some feel insulted by the implication that they need mentoring from less experienced colleagues. Which implementation approach is MOST effective?

A. Frame the program as a mutual knowledge exchange where experienced nurses share clinical wisdom and institutional knowledge while newer nurses share current technology skills and recent evidence, positioning both groups as having valuable expertise the other needs

B. Mandate participation for all experienced nurses since the program addresses a legitimate knowledge gap that affects patient care quality

C. Limit reverse mentoring to technologyrelated topics only since this is the area where newer nurses most clearly have superior knowledge

D. Implement the program voluntarily and evaluate adoption rates to determine whether a mandatory program is needed

15. A nurse manager is developing a comprehensive strategy for managing angry and aggressive visitors on the unit. Current approaches are inconsistent, ranging from avoidance to confrontation. Staff report that several recent incidents nearly escalated to physical violence. Which program element is MOST critical for staff safety?

A. Install panic buttons at every nursing workstation that silently alert security when activated

B. Develop a zerotolerance policy for aggressive visitor behavior and post the policy prominently at all unit entrances

C. Train all staff in verbal selfdefense techniques that allow them to verbally control aggressive visitors until security arrives

D. Implement a comprehensive deescalation training program for all staff, establish clear escalation protocols with defined triggers for security activation, designate safe areas on the unit, conduct regular drills, and provide postincident support for staff involved in aggressive encounters

16. A nurse manager is communicating with a family who is requesting an unrestricted novisitor order for their loved one. The patient is a domestic violence survivor and the family fears that the abuser will attempt to visit. The abuser is not subject to a restraining order. Which action is MOST appropriate?

A. Implement the novisitor restriction per the patient's wishes, alert security to the potential threat, register the patient under a confidential status that restricts information disclosure, develop a safety plan with security and social work, and ensure all unit staff are aware of the restriction without disclosing the underlying reason to those who do not need to know

B. Require the family to obtain a restraining order before the hospital can implement visitor restrictions since the hospital has no legal authority to restrict visitors without a court order

C. Implement the novisitor order but inform the patient that the hospital cannot guarantee that the abuser will not gain access to the unit

D. Transfer the patient to a unit with controlled access to provide a more secure physical environment

17. A nurse manager discovers that nursing staff have been using personal messaging applications on their cell phones to communicate clinical patient information, including photographs of wounds, laboratory values, and medication administration records. The staff report that the hospital's official communication system is too slow and cumbersome for timesensitive clinical communication. Which response is MOST appropriate?

A. Issue a policy prohibiting all personal device use during clinical activities to eliminate the risk of HIPAA violations through personal messaging

B. Accept the use of personal messaging for clinical communication and implement guidelines for secure messaging practices

C. Report the HIPAA violations to the privacy officer and initiate progressive discipline for all nurses involved in the unauthorized communication

D. Address the HIPAA violation directly with staff, advocate for the organization to implement a secure clinical communication platform that meets the staff's need for rapid information exchange, and establish clear expectations that personal messaging applications must not be used for patient information regardless of clinical urgency

18. A nurse manager is preparing to have a difficult conversation with a nurse who has been identified as the source of a unitwide rumor about impending layoffs. The rumor is false, but it has caused significant anxiety among staff. The nurse claims she overheard a conversation between two directors and is reporting what she heard in good faith. Which approach is MOST appropriate?

A. Discipline the nurse for spreading false information that has disrupted the work environment and caused unnecessary staff anxiety

B. Acknowledge that the nurse believed she was sharing accurate information, explain the impact of the rumor on the team, clarify the accurate information, establish expectations about how to handle overheard conversations in the future, and address the broader staff anxiety through transparent communication

C. Thank the nurse for bringing the information forward and ask her to help correct the rumor by telling her colleagues that the information was inaccurate

D. Investigate who the two directors were and report the conversation to hospital administration since leadership discussions about layoffs should not occur where they can be overheard

19. A nurse manager is developing a strategy for managing the communication challenges created by mandatory overtime on the unit. Nurses who are mandated to work additional shifts are resentful, and the negative atmosphere is affecting patient care and team morale. Which communication approach is MOST effective?

A. Explain that mandatory overtime is an organizational policy and individual nurses should direct their frustration to hospital administration rather than expressing it on the unit

B. Implement a rotating mandatory overtime schedule so the burden is distributed equitably and communicate the schedule transparently

C. Acknowledge the impact of mandatory overtime on staff wellbeing, communicate transparently about the staffing conditions driving the mandate, involve staff in developing equitable distribution systems, advocate through organizational channels for longterm staffing solutions, and provide recognition for the additional effort

D. Negotiate with nursing leadership to eliminate mandatory overtime and replace it with voluntary incentive overtime that offers premium pay rates

20. A nurse manager is addressing a situation where the unit's bilingual nurses are being informally expected to serve as interpreters for nonEnglishspeaking patients in addition to their regular patient assignments. The bilingual nurses report feeling overloaded and resentful that their language skills create an additional uncompensated burden. Which response is MOST appropriate?

A. Assign bilingual nurses exclusively to nonEnglishspeaking patients so they can incorporate communication into their regular care activities

B. Provide bilingual nurses with additional compensation for interpreter duties through a formal language differential pay structure

C. Eliminate the informal expectation, ensure professional interpreter services are accessible for all patient communication, recognize bilingual nurses' language skills as a professional asset while establishing that their primary role is clinical nursing, and advocate for adequate interpreter resources

D. Survey the bilingual nurses to determine whether they want to continue serving as informal interpreters and accommodate their preferences

21. A nurse manager is implementing a "nointerruption zone" during medication preparation that uses a physical visual indicator — a red vest — worn by the nurse during medication preparation. Nurses resist wearing the vest, stating it is uncomfortable, draws unwanted attention, and does not prevent interruptions from physicians who disregard the visual cue. Which modification is MOST practical?

A. Replace the red vest with a simple tabletop indicator — a small red flag or illuminated sign at the preparation area — that signals do not disturb without requiring the nurse to wear a physical item

B. Mandate the vest program and implement progressive discipline for nurses who refuse to participate

C. Abandon the nointerruption zone concept since multiple barriers prevent effective implementation

D. Replace the vest with a lightweight sash that is less cumbersome while still providing a visible nointerruption signal

22. A nurse manager is developing a plan to communicate a significant change in the unit's care delivery model from team nursing to primary nursing. This change will fundamentally alter how nurses are assigned to patients, how continuity of care is maintained, and how accountability for patient outcomes is distributed. Which communication timeline is MOST appropriate?

A. Announce the change at a staff meeting and implement it the following week to prevent prolonged anxiety about the transition

B. Begin communication six to eight weeks before the target implementation date, using a phased approach that includes initial announcement with rationale, education sessions on the primary nursing model, staff input on implementation details, a practice period with coaching support, and formal golive with ongoing evaluation

C. Announce the change and implement it simultaneously with a ninetyday evaluation period to allow staff to learn the new model through experience

D. Communicate the change through a written memo twelve weeks in advance and allow staff to independently prepare for the transition

23. A nurse manager is working with a nurse who consistently provides outstanding clinical care but refuses to participate in any form of documentation in the electronic health record beyond the absolute minimum required. The nurse charts only vital signs and medication administration, leaving assessment fields blank and freetext notes empty. Previous conversations have not changed the behavior. Which approach is MOST appropriate?

A. Accept the minimal documentation since the nurse's clinical care quality is not in question and forced documentation may reduce the time she spends on direct patient care

B. Reassign the nurse to a role that requires less documentation such as a procedure nurse or float position

C. Refer the nurse to the education department for EHR training since the behavior may be related to difficulty navigating the documentation system

D. Escalate to formal performance management with a clear expectation that complete nursing documentation is a nonnegotiable professional standard, establish specific documentation requirements with a defined timeline for compliance, provide individualized support, and communicate the consequences of continued noncompliance

24. A nurse manager is preparing to communicate to staff that a wellliked colleague has been terminated for a serious policy violation. Staff are asking questions about why the nurse was terminated, and rumors are circulating that the termination was unfair. The nurse manager cannot disclose the specific reason for the termination due to employee confidentiality. Which communication approach is MOST appropriate?

A. Explain to staff that the termination was justified without providing specific details, and express confidence that the process was fair

B. Decline to discuss the termination entirely and redirect all questions to the human resources department

C. Provide enough detail about the general category of the violation (without identifying the specific incident) to demonstrate that the termination was based on a legitimate policy issue

D. Acknowledge that a personnel action has occurred, explain that confidentiality prevents sharing details, express understanding of the team's concern, reinforce that the organization follows a fair and documented process for all employment decisions, and redirect the focus to supporting the team through the transition

25. A nurse manager is implementing a structured approach to managing patient and family expectations for communication during hospitalization. Data shows that the top patient complaint is "I didn't know what was happening with my care plan." Which intervention MOST directly addresses this communication gap?

A. Implement a daily care conference between the nurse, patient, and family at a predictable time each day where the nurse explains the day's plan, discusses progress toward goals, answers questions, and previews the anticipated next steps including discharge planning

B. Provide patients with a printed daily itinerary at the beginning of each day listing all scheduled tests, procedures, and physician visits

C. Require physicians to round on patients before ten o'clock each morning so patients receive clinical updates early in the day

D. Install patient communication boards in every room and require nurses to update them every four hours with current care plan information

26. A nurse manager is responsible for a unit where a nurse has disclosed that she is pregnant and is concerned about caring for patients receiving certain chemotherapy agents that pose teratogenic risk. The nurse requests reassignment away from all chemotherapy patients. Which response is MOST appropriate?

A. Evaluate the specific teratogenic risks associated with the chemotherapy agents administered on the unit, implement appropriate safety measures such as ensuring PPE compliance and assigning an alternative nurse for highrisk drug handling, accommodate the request to the extent operationally feasible, and consult with occupational health and human resources regarding pregnancy accommodation requirements

B. Grant an immediate blanket reassignment away from all chemotherapy patients for the duration of the pregnancy regardless of the specific agents' teratogenic risk profiles

C. Deny the request since PPE protocols are designed to protect all staff from chemotherapy exposure and additional accommodations are not necessary

D. Place the nurse on medical leave until the pregnancy is completed since the unit's patient population makes it impossible to guarantee zero chemotherapy exposure

27. A nurse manager is addressing a communication pattern where physicians bypass nursing entirely when communicating discharge plans to patients. Patients are told by the physician that they are going home today, but nursing has not completed discharge education, medication reconciliation, or followup arrangements. This creates a rush that compromises discharge quality. Which intervention is MOST effective?

A. Implement a policy requiring physician notification of nursing before communicating discharge to the patient

B. Develop a discharge readiness checklist that nursing completes before the physician communicates discharge to the patient, integrate the checklist into the interdisciplinary rounding process so discharge communication is coordinated, and establish a standard discharge workflow where physician and nursing each have defined roles in the discharge conversation

C. Accept the pattern and develop a rapid discharge process that nursing can execute within one hour of physician notification

D. Request that the chief medical officer mandate that physicians coordinate all discharge communication through the nursing team

28. A nurse manager is implementing a patient advisory panel that will review and provide input on unit policies, protocols, and quality improvement initiatives before implementation. Several physicians object, stating that patients lack the clinical knowledge to provide meaningful input on clinical policies. Which response is MOST appropriate?

A. Limit the advisory panel's scope to nonclinical matters such as visitor policies, meal services, and room amenities

B. Explain that the patient perspective provides insight into the practical impact of clinical policies that clinicians may overlook, that patient input does not override clinical expertise but enriches it, and that the advisory panel is consultative rather than decisionmaking

C. Require physician participation on the advisory panel so they can ensure clinical accuracy in the panel's recommendations

D. Defer to physician concerns and limit the advisory panel to reviewing patient education materials only

29. A nurse manager is developing a strategy for managing communication during a planned electronic health record downtime. The downtime is scheduled for eight hours during a weekend and will require all documentation to be completed on paper. Staff express anxiety about reverting to paper documentation, and several newer nurses have never documented on paper. Which preparation plan is MOST comprehensive?

A. Develop downtime documentation packets with paper forms that mirror the EHR's clinical documentation structure, conduct predowntime training including a practice drill, assign experienced nurses who are familiar with paper documentation as resources on each shift, establish a structured process for entering paper documentation into the EHR after the system is restored, and communicate the plan to all staff well in advance

B. Schedule the downtime during a period of expected low census to minimize the number of patients requiring paper documentation

C. Cancel the downtime and request that IT find an alternative maintenance window that does not require a full system shutdown

D. Assign all documentation during the downtime to the charge nurse on each shift so bedside nurses can focus exclusively on patient care

30. A nurse manager is evaluating the unit's safety culture maturity using a validated assessment framework. The assessment reveals that the unit operates at the "reactive" level — responding to safety events after they occur but lacking proactive risk identification and predictive safety capabilities. Which characteristic MOST distinguishes a "proactive" safety culture from a "reactive" one?

A. A proactive safety culture punishes individual errors more severely to deter future mistakes

B. A proactive safety culture relies on technologybased monitoring systems to detect errors before they reach patients

C. A proactive safety culture actively identifies and mitigates risks before adverse events occur through prospective risk assessment, nearmiss analysis, staffreported hazards, and system vulnerability evaluation

D. A proactive safety culture has a lower rate of incident reports because the organization has eliminated most safety hazards

31. A nurse manager is informed that a patient has filed a complaint with the state health department alleging that the hospital failed to provide a safe environment. The patient fell on a wet floor that was not marked with a warning sign, resulting in a hip fracture. The state surveyor will be visiting the unit next week. Which preparation activity is MOST important?

A. Review all maintenance and housekeeping logs for the past year to ensure documentation of floor care protocols is complete

B. Ensure that all wet floor signs are in working condition and strategically placed throughout the unit before the surveyor arrives

C. Review the incident investigation findings to confirm they are thorough, ensure corrective actions have been implemented, and verify that the unit's current environmental safety practices — including wet floor signage, staff education, and rounding protocols — are compliant with regulations

D. Gather the specific details of the patient's fall from the incident report and prepare a factual summary for the surveyor, accompanied by a root cause analysis of the event, evidence of implemented corrective

actions, current environmental safety compliance status, and any process improvements that resulted from the event

32. A nurse manager is developing the unit's annual regulatory readiness plan. The plan must ensure continuous compliance with requirements from multiple regulatory bodies including The Joint Commission, CMS, the state health department, and OSHA. Which approach is MOST effective for maintaining continuous readiness?

A. Conduct a comprehensive mock survey once annually and address all identified deficiencies in the months following the survey

B. Integrate regulatory requirements into daily operations through standard work, regular compliance rounding, realtime monitoring of key regulatory metrics, and a culture where every day is "survey ready" rather than relying on periodic survey preparation

C. Assign a compliance coordinator for the unit who is responsible for tracking all regulatory requirements and alerting staff when compliance gaps are identified

D. Schedule quarterly selfassessments against each regulatory body's requirements and develop corrective action plans for identified deficiencies

33. A nurse manager is evaluating the unit's performance on a CMS Inpatient Quality Reporting measure that tracks the percentage of patients assessed for venous thromboembolism prophylaxis within twentyfour hours of admission. Compliance has dropped from ninetytwo percent to seventyeight percent over two quarters. Which investigation should be conducted FIRST?

A. Reeducate all nursing staff on the importance of VTE prophylaxis assessment and the CMS reporting requirement

B. Survey nurses to determine their awareness of the VTE assessment requirement and their understanding of the documentation process

C. Analyze whether a system change — such as an EHR update, workflow modification, or staffing pattern shift — coincided with the compliance decline, and identify whether the drop is related to assessment completion, documentation capture, or both

D. Increase the frequency of chart audits to identify noncompliant nurses and provide individual feedback

34. A nurse manager is responsible for a unit that has been placed on a CMSmandated Systems Improvement Agreement following a pattern of serious quality deficiencies identified during a complaint survey. The agreement requires the hospital to engage an independent quality improvement organization to oversee corrective actions. Which nurse manager response is MOST appropriate?

A. Collaborate fully with the independent quality improvement organization, provide transparent access to unit data and processes, implement recommended corrective actions promptly, engage frontline staff in the improvement process, and view the external oversight as an opportunity to accelerate quality improvement rather than a punitive measure

B. Limit the independent organization's access to the specific deficiency areas cited in the agreement to prevent broader scrutiny of unit operations

C. Request that the chief nursing officer manage all communication with the independent organization to protect the unit from additional findings

D. Focus corrective actions exclusively on the specific deficiencies cited in the agreement to resolve the Systems Improvement Agreement as quickly as possible

35. A nurse manager is informed that a new CMS rule requires hospitals to maintain and publicly report nurse staffing data including hours per patient day by unit, registered nurse hours, and the percentage of contract and agency nursing hours. Which preparation is MOST important?

A. Implement an automated staffing data collection system that accurately captures all required metrics in real time so the unit's reported data is reliable

B. Review current staffing practices to ensure they meet community standards before the data becomes publicly available

C. Prepare a communication plan explaining the new reporting requirement to staff and addressing their concerns about public transparency

D. Validate the accuracy of the unit's existing staffing data collection processes, identify and correct any data quality issues, ensure that the staffing data accurately reflects actual practice, and prepare staff to understand that their unit's data will be publicly accessible and benchmarked against peer institutions

36. A nurse manager is developing a plan for managing patients with highly infectious diseases requiring airborne isolation, such as measles or tuberculosis. The unit has only two negativepressure isolation rooms, and both are currently occupied by patients requiring contact isolation for nonairborne conditions. Which action is MOST appropriate?

A. Convert a standard patient room to airborne isolation by closing the door and placing a HEPA filter in the room

B. Transfer the contact isolation patients to standard rooms and reserve the negativepressure rooms for patients requiring airborne isolation since airborne precautions require specific engineering controls that cannot be replicated in standard rooms

C. Implement both airborne and contact isolation in the same negativepressure room by cohorting one airborne patient with one contact isolation patient

D. Notify the infection prevention department and request that airborne isolation patients be diverted to another unit that has available negativepressure rooms

37. A nurse manager is evaluating the unit's compliance with the National Patient Safety Goal requiring that hospitals maintain and communicate an accurate list of medications for each patient across all transitions of care. A chart audit reveals that medication reconciliation is completed at admission in ninetyfour percent of cases but only in fiftyeight percent of internal transfers between units. Which interpretation is MOST actionable?

A. The admission compliance rate demonstrates adequate staff knowledge, so the internal transfer gap likely reflects a workflow issue specific to the transfer process rather than a knowledge deficit

B. Implement a reeducation program for all nursing staff on medication reconciliation requirements across all transitions of care

C. The internal transfer gap is acceptable since patients transferring within the hospital are already on an established medication regimen that does not change during transfer

D. The internal transfer compliance gap suggests that the medication reconciliation process is not embedded into the transfer workflow, and investigation should determine whether the documentation system supports transfer reconciliation and whether the process is operationally feasible during the timepressured transfer window

38. A nurse manager is reviewing the unit's Emergency Management Plan for compliance with The Joint Commission's Emergency Management standards. The plan must address the four phases of emergency management: mitigation, preparedness, response, and recovery. Which phase is MOST frequently neglected in healthcare emergency planning?

A. Mitigation — identifying hazards and taking steps to reduce the probability or impact of emergencies before they occur

B. Preparedness — developing response capabilities through training, drills, and resource stockpiling

C. Recovery — planning for the restoration of normal operations after an emergency, including staff support, operational rebuilding, financial recovery, and lessons learned integration

D. Response — activating the emergency response plan and managing operations during the emergency event

39. A nurse manager is implementing a falls prevention technology system that includes bed exit alarms, floorbased pressure sensors, and wearable patient movement monitors. Six months after implementation, the fall rate has decreased by only eight percent compared to a projected thirty percent reduction. Which analysis is MOST appropriate?

A. Investigate whether the technology is being used correctly, whether alarm settings are appropriately calibrated, whether staff respond to alarms promptly, and whether the technology has been integrated into the existing falls prevention protocol rather than implemented as a standalone intervention

B. Replace the current technology system with a different vendor's product that may be more effective at detecting patient movement

C. Conclude that technologybased falls prevention is not effective for this unit's patient population and return to the nontechnology protocol

D. Increase the sensitivity of all alarm settings to detect even minimal patient movement that could precede a fall attempt

40. A nurse manager is developing a unitspecific plan for managing patients who present with symptoms consistent with an emerging infectious disease of unknown etiology. No specific isolation guidelines exist for the disease, and the CDC has not yet issued formal recommendations. Which approach is MOST appropriate?

A. Implement the highest level of available isolation precautions — airborne, contact, and eye protection — until the transmission route is clarified, consult with infection prevention for ongoing guidance, monitor CDC and state health department communications for emerging recommendations, and prepare staff for evolving protocols

B. Implement standard precautions only since there is no evidence to support enhanced isolation for an uncharacterized disease

C. Wait for formal CDC guidance before implementing any isolation measures to avoid unnecessary resource expenditure

D. Transfer patients with the emerging disease to a designated biocontainment facility since managing unknown pathogens exceeds the capability of a standard inpatient unit

41. A nurse manager reviews the following data comparing the unit's nursesensitive indicators to peer units within the hospital system:

| Indicator | Unit A (Your Unit) | Unit B | Unit C | System Avg |
|---|---|---|---|---|
| Falls/1,000 PD | 2.8 | 1.9 | 3.2 | 2.6 |
| CAUTI/1,000 CD | 1.2 | 1.8 | 0.9 | 1.3 |
| HAPI/1,000 PD | 1.5 | 0.7 | 1.1 | 1.1 |
| Medication errors/1,000 PD | 0.8 | 1.1 | 0.6 | 0.8 |

Which quality improvement strategy is MOST datadriven?

A. Focus improvement on all four indicators simultaneously since the unit performs at or above system average on only two of four metrics

B. Focus improvement on falls since the rate is above system average, while maintaining current practices for CAUTI and medication errors which are at or below average

C. Benchmark against Unit C for falls and CAUTI since it has the best rates on those indicators, while benchmarking against Unit B for HAPI since it leads on that metric

D. Prioritize HAPI improvement because the unit has the worst rate in the system (1.5 vs system average 1.1 vs Unit B at 0.7), representing the largest gap from both the system average and the bestperforming peer, then address falls as the secondary priority

42. A nurse manager is implementing a Choosing Wisely initiative on the unit to reduce lowvalue clinical practices. The Choosing Wisely campaign, led by the ABIM Foundation, identifies tests, treatments, and procedures that are commonly overused and may cause harm. Which example BEST represents a Choosing Wiselyaligned intervention on a medicalsurgical unit?

A. Implement a nursedriven protocol for daily assessment of urinary catheter necessity and prompt removal when criteria are not met, reducing unnecessary catheter days that increase CAUTI risk without clinical benefit

B. Reduce the frequency of vital sign assessment from every four hours to every eight hours for stable patients to decrease nursing workload

C. Eliminate daily physician rounding on weekends for stable patients to reduce unnecessary healthcare utilization

D. Restrict the use of supplemental oxygen to patients with documented hypoxemia rather than providing it routinely for patient comfort

43. A nurse manager is developing a plan to address the unit's high rate of patient readmissions within seventytwo hours for the same diagnosis. Data shows that forty percent of these rapid readmissions involve patients who were discharged before demonstrating independent selfcare capability. Which intervention is MOST targeted?

A. Extend the average length of stay by one day for all patients to allow additional time for selfcare skill development before discharge

B. Implement a standardized discharge readiness assessment that includes demonstrated selfcare competency verification through return demonstration, and prohibit discharge until the patient meets defined readiness criteria for their specific condition

C. Assign a dedicated discharge coordinator who monitors all patients approaching discharge and alerts the nurse manager when patients have not demonstrated selfcare capability

D. Implement a postdischarge home visit program for all patients to provide additional selfcare support during the first seventytwo hours after discharge

44. A nurse manager is developing a plan for managing patients experiencing opioid withdrawal on a medicalsurgical unit. The number of patients presenting with opioid withdrawal has increased fifty percent over the past year. Nursing staff report inadequate training in withdrawal assessment and management. Which intervention is MOST comprehensive?

A. Request that all opioid withdrawal patients be managed by the hospital's addiction medicine consultation service rather than unitbased nursing staff

B. Distribute clinical guidelines for opioid withdrawal management to all nursing staff and require them to review the guidelines independently

C. Implement a standardized opioid withdrawal assessment tool, develop nursing competency in withdrawal assessment and medicationassisted treatment support, establish protocoldriven management pathways, create a consultation trigger for complex withdrawal cases, and address staff attitudes toward patients with substance use disorders through evidencebased education

D. Hire a nurse with addiction medicine certification to manage all opioid withdrawal patients on the unit

45. A nurse manager reviews the following data:

| Quarter | Admissions | ALOS | Readmissions (30day) | CMI |
|---|---|---|---|---|
| Q1 | 420 | 4.8 | 14.2% | 1.38 |
| Q2 | 445 | 4.2 | 16.8% | 1.41 |
| Q3 | 460 | 3.9 | 19.1% | 1.44 |
| Q4 | 480 | 3.6 | 22.3% | 1.47 |

Which interpretation is MOST concerning?

A. The increasing admissions represent a positive volume trend that indicates growing community confidence in the unit

B. The CMI increase demonstrates that the unit is caring for increasingly complex patients, which naturally results in both shorter stays and higher readmissions

C. The declining ALOS reflects improved efficiency and faster throughput that the unit should continue to optimize

D. The inverse relationship between declining ALOS and rising readmissions, occurring alongside increasing acuity, suggests that patients may be discharged before they are clinically ready, and the lengthofstay reductions may be producing readmission costs that exceed the savings from shorter stays

46. A nurse manager is informed that the hospital will implement a Condition H (Help) system that allows patients and families to directly activate a rapid response team if they believe the patient's condition is deteriorating and their concerns are not being addressed by the care team. Nursing staff express concern that patients will abuse the system and trigger unnecessary rapid response activations. Which response is MOST appropriate?

A. Support the Condition H implementation but require patients to contact their nurse before activating the system

B. Restrict Condition H activation to family members only since patients who are deteriorating may not be able to accurately assess their own condition

C. Delay implementation until staff are convinced that the system will not create excessive workload from unnecessary activations

D. Address staff concerns by sharing evidence from hospitals where Condition H systems have been implemented showing that activation rates are low and clinically appropriate, implement the system with clear patient education about when to activate, and frame Condition H as a safety net that supports rather than replaces nursing vigilance

47. A nurse manager is evaluating the unit's performance on the Surgical Care Improvement Project measures. One measure requires documentation that prophylactic antibiotics are discontinued within twentyfour hours after surgery. Compliance is sixtyseven percent, with the primary barrier being that antibiotic discontinuation orders are not entered by surgeons in a timely manner. Which intervention is MOST effective?

A. Implement a nurseinitiated antibiotic discontinuation protocol that empowers nurses to discontinue prophylactic antibiotics at the twentyfourhour mark based on a standing order approved by the surgical department

B. Send a monthly report to each surgeon showing their individual antibiotic discontinuation compliance rates compared to their peers

C. Implement a pharmacytriggered alert at the twentyfourhour mark that notifies the surgeon of the pending discontinuation deadline, combined with a nursedriven protocol that allows nurses to independently discontinue prophylactic antibiotics when criteria are met and no contraindication is documented

D. Educate surgeons about the SCIP measure requirements and the evidence supporting timely antibiotic discontinuation

48. A nurse manager is developing a patient safety dashboard for the unit. The dashboard should provide a realtime view of the unit's safety status. Which metric combination provides the MOST meaningful safety snapshot?

A. Active safety events in the past twentyfour hours, current hand hygiene compliance rate, overdue patient assessments, unresolved clinical alerts, staffingtoacuity ratio, and pending highrisk medication administrations — providing both lagging indicators (events) and leading indicators (compliance gaps that predict future events)

B. Total incident reports submitted this month compared to the previous month's total

C. The most recent Joint Commission survey score and the next scheduled survey date

D. Patient satisfaction scores with a focus on the "felt safe" domain question

49. A nurse manager reviews the following infection prevention data:

| Month | Hand Hygiene Compliance | CLABSI Rate | CAUTI Rate |
| --- | --- | --- | --- |
| Jan | 91% | 0.0 | 1.2 |
| Feb | 88% | 0.0 | 1.8 |
| Mar | 84% | 0.8 | 2.1 |
| Apr | 80% | 1.2 | 2.4 |

Which conclusion is BEST supported by the data?

A. The declining hand hygiene compliance over four months correlates with increasing infection rates for both CLABSI and CAUTI, suggesting that the hand hygiene decline may be contributing to the infection increases and that restoring compliance should be the first intervention priority

B. The CLABSI rate increase is more concerning than the CAUTI rate increase because CLABSIs have higher mortality rates

C. The infection rate increases are within normal statistical variation and do not warrant intervention until a longer trend is established

D. The CAUTI rate is the primary concern because it was already elevated in January before hand hygiene compliance declined

50. A nurse manager is developing a plan to transition the unit's quality measurement approach from retrospective chart review to prospective realtime quality monitoring. Which advantage does realtime monitoring provide over retrospective review?

A. Realtime monitoring is less expensive than retrospective chart review because it requires fewer dedicated quality staff

B. Realtime monitoring produces more accurate data because reviewers assess documentation at the time of care rather than weeks later

C. Realtime monitoring enables immediate identification of quality gaps and intervention before adverse outcomes occur, shifting the quality program from detecting problems after harm to preventing harm before it happens

D. Realtime monitoring provides more comprehensive data because it captures every patient encounter rather than the sampling used in retrospective review

51. A nurse manager is applying the concept of "strategic patience" — the deliberate decision to delay action until conditions are optimal for success rather than implementing change when resistance is highest. The manager has identified a practice change that is clinically important but faces significant opposition from a powerful informal leader. Which application of strategic patience is MOST appropriate?

A. Wait for a catalyzing event — such as a patient safety incident related to the current practice — that creates urgency for change and converts the opposition into readiness, while building relationships, gathering evidence, and preparing the implementation plan so it can be deployed rapidly when the window opens

B. Implement the change immediately since strategically important clinical improvements should not be delayed by political considerations

C. Abandon the change initiative since powerful opposition makes successful implementation unlikely

D. Negotiate a compromise with the informal leader that partially implements the change to reduce opposition

52. A nurse manager is evaluating the unit's leadership pipeline. Assessment reveals that no current staff members have been identified or developed as potential future charge nurses or nurse managers. The nurse manager has been in the role for fifteen years and plans to retire in three years. Which action is MOST urgent?

A. Hire experienced charge nurses from outside the organization to fill the leadership pipeline gap

B. Begin immediately identifying nurses with leadership potential, assess their developmental needs against AONL competencies, create individualized development plans with progressive leadership exposure, and establish a structured succession timeline aligned with the planned retirement

C. Request that the organization's nursing leadership development program assign candidates to the unit for leadership training

D. Delay succession planning until one year before retirement since three years is too early to identify specific successors

53. A nurse manager is applying the concept of "emotional labor" to understand staff burnout on the unit. Emotional labor refers to the effort required to manage and express organizationally desired emotions during patient interactions, even when the nurse's actual feelings differ. Which intervention MOST directly addresses emotional labor burden?

A. Implement a mandatory mindfulness meditation program for all nursing staff to develop emotional regulation skills

B. Create structured spaces for emotional authenticity — including debriefing after difficult interactions, peer support systems, and acknowledgment that managing emotions during patient care is real work that deserves recognition and recovery time

C. Assign emotionally demanding patients only to nurses who naturally demonstrate high emotional resilience

D. Reduce the emphasis on patient experience scores so nurses feel less pressure to perform positive emotions during every interaction

54. A nurse manager is implementing the Institute of Medicine's recommendation for nurses to practice to the full extent of their education and training. Assessment reveals that RNs on the unit routinely perform tasks that could be safely delegated to unlicensed assistive personnel, while advanced practice skills within the RN scope — such as clinical assessment, care coordination, and patient education — receive insufficient time and attention. Which approach is MOST effective?

A. Conduct a comprehensive task analysis to identify which current RN activities can be safely delegated, develop UAP competencies for delegated tasks, implement the delegation framework with clear supervision expectations, and redirect the recaptured RN time toward the advanced practice activities that most benefit patient outcomes

B. Hire additional UAPs and assign all nonclinical tasks to them immediately without formal task analysis

C. Implement a policy requiring RNs to focus exclusively on assessment, education, and coordination tasks, with all other activities assigned to UAPs

D. Request additional RN positions so current nurses have more time for advanced practice activities without changing the current delegation patterns

55. A nurse manager is leading a unit that has just received Magnet designation. The team is celebrating the achievement, but the nurse manager is concerned about complacency. Research shows that some Magnetdesignated organizations experience a "postdesignation plateau" where improvement stagnates after the designation is achieved. Which strategy MOST effectively prevents this phenomenon?

A. Immediately begin preparing for the next Magnet redesignation cycle by focusing on the documentation requirements

B. Shift the improvement focus away from Magnetspecific requirements and allow staff to determine their own improvement priorities

C. Reframe Magnet designation as the beginning of a continuous excellence journey rather than a destination, set new stretch goals that exceed the Magnet standards, and integrate the improvement culture into daily operations so it persists independently of the Magnet timeline

D. Maintain the exact same improvement strategies and committee structures that produced the successful designation

56. A nurse manager is applying the concept of "span of control" to evaluate whether the current management structure is appropriate for the unit. The nurse manager directly supervises fortytwo FTEs across three shifts, manages a complex patient population, and oversees a twentyfivebed unit with high turnover. Research suggests that the optimal span of control for nurse managers is twenty to fifty direct reports. Which analysis is MOST relevant?

A. The span of fortytwo FTEs falls within the recommended range and no structural change is needed

B. Span of control should be evaluated solely based on the number of FTEs regardless of other complexity factors

C. The number alone is insufficient since the effective span is influenced by patient acuity, staff experience mix, number of shifts supervised, geographic layout, and support infrastructure, and the manager must assess whether the current span allows effective presence across all shifts and adequate attention to each direct report

D. Span of control is an outdated concept that does not apply to contemporary healthcare leadership structures

57. A nurse manager is developing a strategy to support nurses during the transition from individual contributor to charge nurse leadership role. Research identifies this transition as one of the most challenging in nursing careers because it requires a fundamental shift from clinical expert to leader of clinical experts. Which support element is MOST critical?

A. A structured transition program that includes formal leadership education, mentoring by an experienced charge nurse, progressive assumption of leadership responsibilities, regular debriefing with the nurse manager, peer support from other new charge nurses, and protected time to develop the leadership identity before assuming full charge responsibilities

B. A comprehensive leadership manual that covers all charge nurse responsibilities, protocols, and decisionmaking guidelines

C. Assignment to the day shift during the transition period so the nurse manager is available for realtime guidance and support

D. A threemonth trial period where the nurse serves as charge nurse and is evaluated before the role is made permanent

58. A nurse manager is evaluating the unit's decisionmaking processes and identifies that most decisions are made by the nurse manager unilaterally. Staff report that they rarely have input into operational decisions that affect their daily practice. Which leadership model transition would MOST effectively increase staff involvement while maintaining appropriate leadership accountability?

A. Transition to a fully autonomous selfgoverning model where all operational decisions are made by staff vote

B. Delegate all operational decisions to the charge nurse team and reserve only strategic decisions for the nurse manager

C. Implement a participative decisionmaking framework that categorizes decisions by their scope and impact, defines which decisions benefit from staff input, establishes clear processes for soliciting and incorporating staff perspectives, and maintains the nurse manager's accountability for the final decision

D. Survey staff before every operational decision and implement the majority preference regardless of the nurse manager's assessment

59. A nurse manager is developing a plan to address "proximity bias" on the unit — the tendency to favor nurses who work the day shift because the manager has more interaction with them. Night shift and weekend nurses report feeling overlooked for opportunities, recognition, and developmental assignments. Which strategy MOST effectively mitigates proximity bias?

A. Implement structured processes for equitable distribution of opportunities, recognition, and developmental assignments that are tracked by shift, schedule regular leadership presence on all shifts, use objective criteria for opportunity distribution, and audit distribution patterns periodically to identify and correct any remaining bias

B. Rotate between shifts weekly so the nurse manager has equal presence on all shifts throughout the month

C. Appoint a night shift designee who makes all recognition and opportunity decisions for night shift staff

D. Provide all opportunities and recognition through electronic communication so shift timing does not influence the distribution

60. A nurse manager is developing a workforce plan for the next five years. The following data is available:

Current RN FTEs: 32

Average age of nursing staff: 52 years

Projected retirements in 5 years: 12 nurses (38%)

Average annual turnover (nonretirement): 15% (approximately 5 nurses)

Annual new graduate availability in the region: declining 8% per year

Average time to fill an RN vacancy: 72 days

Based on this data, which workforce planning priority is MOST urgent?

A. Begin an aggressive recruitment campaign to build a pipeline of candidates before the retirement wave begins

B. Implement retention strategies targeting the nonretirement turnover group since they represent a preventable annual loss

C. Develop a comprehensive plan that addresses the impending retirement wave through knowledge transfer and succession planning, reduces nonretirement turnover through engagement and development, builds academic pipeline partnerships to counter the regional new graduate decline, and establishes interim staffing contingencies to manage the extended vacancy fill time

D. Extend the retirement age or incentivize retiring nurses to continue working beyond their planned retirement dates

61. A nurse manager is applying the concept of "organizational justice" to improve staff trust and engagement. Organizational justice has three components: distributive justice (fairness of outcomes), procedural justice (fairness of processes), and interactional justice (fairness of interpersonal treatment). Which behavior MOST directly strengthens all three components?

A. Implement a transparent process for all decisionmaking that includes clear criteria for resource allocation, consistent application of policies, opportunities for staff to voice concerns, and respectful communication about the rationale for decisions even when the outcome is unfavorable

B. Ensure that outcomes such as scheduling preferences and assignments are distributed equally among all staff

C. Focus primarily on procedural justice since fair processes naturally produce fair outcomes

D. Apply policies strictly and consistently to all staff without exception to demonstrate distributive justice

62. A nurse manager is developing a strategy to maintain quality standards during a period of severe staffing shortage. The unit is operating at seventy percent of its budgeted nursing FTEs due to a regional nursing shortage. Patient volume has not decreased. Which approach MOST effectively maintains quality under resource constraint?

A. Reduce patient admissions to match the available nursing resources until staffing improves

B. Implement mandatory overtime for all staff to maintain coverage at budgeted levels

C. Hire temporary agency nurses to fill all vacancies and maintain the unit at full staffing capacity

D. Triage quality priorities to maintain nonnegotiable safety standards, modify nonessential processes to reduce workload, implement teambased workflows that leverage all available skills, communicate transparently with staff about the constraints, and advocate through organizational channels for staffing support while monitoring quality indicators closely for early deterioration signals

63. A nurse manager is evaluating the unit's approach to conflict management and identifies that the predominant conflict resolution style among staff is avoidance. Disagreements are suppressed rather than addressed, leading to passiveaggressive behavior, unresolved tension, and occasional explosive confrontations. Which intervention strategy is MOST foundational?

A. Implement a policy requiring all conflicts to be reported to the nurse manager for mediation

B. Send all staff to a conflict resolution training program and evaluate whether conflict management improves after the training

C. Create psychological safety for constructive conflict by modeling productive disagreement, establishing norms that value direct communication, teaching conflict engagement skills, celebrating instances where conflict led to better outcomes, and addressing passiveaggressive behavior directly

D. Hire an organizational psychologist to work with the team on improving interpersonal dynamics and conflict management skills

64. A nurse manager is implementing a "stay interview" program where the manager conducts structured conversations with current employees to understand what keeps them on the unit, what might cause them to leave, and what changes would improve their experience. Which finding from stay interviews is MOST valuable for retention strategy development?

A. The specific factors that motivate each individual nurse to remain on the unit, since retention is driven by individual values and needs rather than universal factors

B. The percentage of nurses who report being satisfied with their current position as a benchmark for unit morale

C. The average length of time nurses plan to remain on the unit so the manager can project future turnover

D. The specific conditions that would cause a highperforming nurse to leave, since understanding departure triggers provides the most actionable retention intelligence — preventing the departure of a single high performer often generates more value than broad retention initiatives

65. A nurse manager is evaluating the unit's readiness to implement a Just Culture framework. Currently, the unit has a punitive culture where all errors result in individual disciplinary action regardless of the contributing factors. Staff underreport events to avoid punishment. Which implementation step should come FIRST?

A. Develop a just culture algorithm that classifies behaviors as human error, atrisk behavior, or reckless behavior and assigns different responses to each category

B. Conduct organizationwide just culture education and announce that the punitive approach is being replaced

C. Begin by having leadership publicly acknowledge that the punitive approach has failed to improve safety, commit to a new approach, and demonstrate the change through visibly nonpunitive responses to the next several reported events — building credibility through action before formalizing the framework

D. Implement anonymous incident reporting to increase reporting rates before transitioning to a just culture model

66. A nurse manager is applying Herzberg's TwoFactor Theory to address staff dissatisfaction. Herzberg distinguished between hygiene factors (whose absence causes dissatisfaction) and motivators (whose presence causes satisfaction). Staff surveys indicate dissatisfaction primarily with scheduling inflexibility, inadequate break rooms, and perceived unfair workload distribution. According to Herzberg, which conclusion is MOST accurate?

A. The identified issues are hygiene factors — addressing them will reduce dissatisfaction but will not by itself create motivation or engagement, which requires separate investment in motivators such as achievement recognition, meaningful work, responsibility, and professional growth opportunities

B. Addressing the hygiene factors should be the sole priority since eliminating dissatisfaction automatically produces satisfaction

C. The survey findings indicate that the unit has fundamentally demotivated staff who may not respond to any intervention

D. Herzberg's theory suggests that motivators should be addressed before hygiene factors since motivation can overcome dissatisfaction

67. A nurse manager is developing a strategy to address the unit's "frozen middle" phenomenon — a situation where the nurse manager supports change initiatives from senior leadership but cannot successfully implement them because the charge nurse layer resists or fails to champion the changes. Which intervention is MOST targeted?

A. Replace the current charge nurses with new staff who are more receptive to organizational change initiatives

B. Invest in charge nurse development by ensuring they understand the rationale behind changes, involving them in implementation planning, equipping them with change management skills, and creating accountability for their role in championing changes to frontline staff

C. Bypass the charge nurse layer and communicate all changes directly to frontline staff to eliminate the middle management filter

D. Assign specific change initiatives to specific charge nurses and evaluate their success in implementation as part of their performance review

68. A nurse manager is evaluating the effectiveness of a recently completed Lean Six Sigma project that aimed to reduce patient wait time from physician discharge order to actual departure. The project reduced average wait time from four hours to two hours and twenty minutes. The project sponsor declared success. Which evaluation question is MOST important for longterm sustainability?

A. Whether the improvements have been hardwired into standard work and daily management systems that will sustain the gains independently of continued projectlevel attention, or whether the improvements will revert when project team focus shifts to other priorities

B. Whether the wait time reduction has translated into improved patient satisfaction scores

C. Whether the project cost was justified by the financial return from improved bed turnover

D. Whether the project methodology was properly followed according to Lean Six Sigma standards

69. A nurse manager is applying the concept of "job crafting" to improve staff engagement. Job crafting is the process by which employees proactively reshape their jobs by changing task boundaries, relationships, or the cognitive framing of their work to increase meaning and engagement. Which leadership behavior MOST effectively supports job crafting?

A. Allow individual nurses to identify aspects of their role that they would like to modify, expand, or reframe, support feasible requests, and help nurses connect their work to the broader purpose of patient care in ways that are personally meaningful to them

B. Assign nurses to tasks that match their personality profiles based on a formal assessment tool

C. Create standardized job descriptions with defined boundaries that prevent role ambiguity

D. Rotate nurses through different assignments and responsibilities to prevent boredom and increase engagement

70. A nurse manager is addressing a situation where the unit's patient safety event reporting rate has doubled after implementing a just culture initiative. Staff are concerned that the increase means care is getting worse. Which interpretation is MOST accurate?

A. The increased reporting may indicate that previously unreported events are now being captured because staff feel safer reporting, which is a positive sign that the safety culture is improving and the organization now has better visibility into actual event rates

B. The nurse manager should investigate each additional report to verify that the events are genuine and not fabricated by staff testing the nonpunitive reporting system

C. The reporting increase confirms that the just culture initiative has created a permissive environment where staff feel less accountable for errors

D. The doubled reporting rate represents a genuine increase in safety events that requires investigation of the root causes driving the deterioration in care quality

71. A nurse manager is developing a plan to implement interprofessional collaborative practice on the unit. The World Health Organization defines collaborative practice as occurring when multiple health workers from different professional backgrounds work together with patients, families, caregivers, and

communities to deliver the highest quality of care. Which barrier is MOST difficult to overcome in implementing true collaborative practice?

A. Scheduling logistics that prevent all disciplines from being available for collaborative activities simultaneously

B. Documentation systems that do not support interdisciplinary communication or shared care planning

C. Financial models that reimburse individual discipline services rather than collaborative care delivery

D. Deeply embedded professional hierarchies and siloed education that create power differentials and disciplinespecific worldviews resistant to equitable collaboration

72. A nurse manager is evaluating the unit's compliance with the AONL competency of "diversity and inclusion." Assessment reveals that the unit's workforce demographics do not reflect the diversity of the patient population served. The unit serves a predominantly Hispanic and Black community but the nursing staff is ninetytwo percent white. Which action is MOST strategic for longterm workforce diversification?

A. Set hiring quotas to ensure that new hires reflect the demographic composition of the served community

B. Revise job postings to use inclusive language and post them in community venues and media channels that reach diverse candidate pools

C. Build longterm partnerships with nursing schools that serve diverse student populations, provide mentoring and clinical placement opportunities to diverse students, address retention barriers for nurses of color on the unit, and create an inclusive environment that attracts and retains a diverse workforce

D. Implement a diversity training program for current staff to improve cultural awareness while the demographic composition gradually changes through natural turnover

73. A nurse manager is applying the concept of "leadership agility" — the ability to shift leadership approach based on situational demands. The unit is simultaneously managing a quality crisis (a spike in patient falls), a staffing crisis (three unexpected resignations), and an opportunity (a grant for a new clinical program). Which demonstration of leadership agility is MOST effective?

A. Prioritize each situation sequentially, addressing the quality crisis first, then the staffing crisis, and finally the opportunity, since simultaneous management dilutes focus

B. Delegate the quality crisis to the charge nurse team, the staffing crisis to human resources, and personally focus on the grant opportunity since it represents the unit's future growth

C. Address all three simultaneously by assigning different leadership approaches to each: directive crisis management for the fall spike, collaborative problemsolving for the staffing challenge, and visionary planning for the grant opportunity

D. Call an emergency meeting with all stakeholders to prioritize the three situations collectively and develop a unified response plan

74. A nurse manager is developing a plan to prevent nurse "presenteeism" — the practice of coming to work while sick, which reduces productivity and may spread illness. Data shows that twentyeight percent of nurses report working while sick at least once in the past three months. Which intervention is MOST effective?

A. Implement a strict policy prohibiting nurses from working when they have symptoms of illness and enforce it through management screening at shift start

B. Offer unlimited paid sick time so nurses feel no financial pressure to work while ill

C. Address the root causes of presenteeism including staffing models that create guilt about calling out, peer pressure from shortstaffed colleagues, financial pressure from limited sick time, and cultural norms that equate attendance with dedication, and implement supportive alternatives such as adequate replacement staffing and a culture that values staying home when sick

D. Educate nurses about the risks of presenteeism to patient safety and to their own recovery time

75. A nurse manager is developing a communication strategy for discussing the unit's financial performance with staff who have no financial background. Most nurses view financial management as "administration's job" and do not understand how their clinical decisions affect the unit's financial performance. Which approach is MOST effective?

A. Require all nurses to complete a healthcare finance continuing education course to develop financial literacy

B. Translate financial concepts into clinical language by showing how specific nursing decisions — such as reducing waste, preventing complications, managing supplies, and optimizing throughput — directly affect the unit's financial health, using concrete examples and visual data that connect clinical practice to financial outcomes

C. Share the unit's monthly financial statements at staff meetings and explain each line item in detail

D. Assign the charge nurses to learn financial management and cascade the knowledge to their respective teams

76. A nurse manager is evaluating two candidates for an assistant nurse manager position. Candidate X consistently scores highest on standardized leadership assessments but has received feedback about being inflexible and resistant to input from others. Candidate Y scores slightly lower on assessments but is widely respected for collaborative decisionmaking and the ability to build consensus among diverse stakeholders. Which selection factor deserves the GREATEST weight?

A. Select Candidate X because standardized assessment scores are the most objective predictor of leadership performance

B. Select Candidate Y because the ability to collaborate, build consensus, and integrate diverse perspectives is more essential for the assistant nurse manager role than individual assessment performance, and leadership effectiveness in nursing requires relational competence that assessments alone do not fully capture

C. Create a trial period for both candidates and evaluate their performance in the actual role before making a selection

D. Select neither candidate and repost the position to find someone who excels at both assessment performance and collaborative leadership

77. A nurse manager is addressing a situation where the unit's quality improvement projects consistently fail to show statistically significant results despite implementing evidencebased interventions. Analysis reveals that sample sizes are typically too small to detect clinically meaningful differences. Which approach MOST effectively addresses this methodological limitation?

A. Increase the duration of each QI project to accumulate larger sample sizes before evaluating results

B. Collaborate with other units implementing similar interventions to pool data across multiple sites and achieve adequate sample sizes

C. Use process measures and run charts rather than relying exclusively on statistical significance testing, since QI projects at the unit level often lack the sample size for traditional statistical analysis but can demonstrate meaningful improvement through trend analysis and special cause variation detection

D. Hire a biostatistician to design properly powered QI studies before each intervention is implemented

78. A nurse manager is developing an approach to managing the unit during a "plannedunplanned" event — a situation where the organization has advance notice that a disruptive event is likely but the exact timing and magnitude are uncertain. Examples include an approaching hurricane, a threatened nursing strike, or a potential infectious disease surge. Which leadership capability is MOST important?

A. The ability to develop multiple contingency plans for different scenarios, preposition resources based on probability assessment, communicate preparedness actions to staff, and activate the appropriate response level based on evolving conditions

B. The ability to remain calm and project confidence to staff during uncertain situations

C. The ability to make rapid decisions under pressure when the event materializes and conditions become clear

D. The ability to advocate to senior leadership for additional resources before the event materializes

79. A nurse manager is evaluating the unit's performance management system and identifies that the annual evaluation process consumes approximately one hundred twenty hours of the nurse manager's time per year (averaging three hours per employee for forty direct reports). Despite this investment, staff report that the evaluations are not meaningful and do not drive performance improvement. Which redesign is MOST likely to improve both efficiency and effectiveness?

A. Eliminate annual evaluations entirely and replace them with realtime performance feedback delivered during leadership rounding

B. Transition to a continuous performance management model with brief monthly checkins focused on goals, development, and realtime feedback, using the annual evaluation as a tenminute administrative summary of the year's ongoing conversations rather than a comprehensive standalone assessment

C. Streamline the annual evaluation form to reduce completion time from three hours to one hour per employee

D. Delegate annual evaluations to the charge nurse team since they have more direct interaction with staff and can provide more informed assessments

80. A nurse manager is developing an approach to managing generational differences in professional development expectations. Baby Boomer nurses on the unit value formal credentials and degrees, while Millennial and Generation Z nurses prioritize experiential learning, microcredentials, and skillbased development. Which approach MOST effectively serves both generational perspectives?

A. Require all nurses to pursue the same professional development pathway to ensure equitable treatment regardless of generational preference

B. Offer separate professional development tracks for each generation based on their predominant preferences

C. Design a flexible professional development framework that offers multiple pathways to advancement — including traditional credentials, experiential learning, microcertifications, and skillbased demonstrations — all leading to recognized professional growth milestones that the unit values equitably

D. Focus professional development resources on the generational group with the highest turnover risk since retaining them provides the greatest return on investment

81. A nurse manager is addressing a situation where a nurse has published a blog post describing a clinical experience that, while not identifying any patient by name, contains enough contextual detail that colleagues have identified the specific patient. The blog post discusses a clinical error the nurse made and reflects on lessons learned. Which response is MOST appropriate?

A. Commend the nurse for her reflective practice and recommend she continue blogging as a professional development activity

B. Address the privacy concern by explaining how contextual details can identify patients even without names, discuss the professional and legal implications, require removal or modification of the identifiable content, provide guidance on writing about clinical experiences while maintaining patient confidentiality, and recognize the positive intent behind the reflective practice

C. Report the blog post to the privacy officer as a HIPAA violation and initiate progressive discipline

D. Instruct the nurse to take down the entire blog and prohibit future blogging about clinical experiences

82. A nurse manager is developing a policy for managing nurses' use of social media in the professional context. The policy must balance professional expression rights with patient privacy, organizational reputation, and professional conduct expectations. Which policy element is MOST important?

A. Prohibit all social media use by employees that references the organization, patients, or healthcare in any context

B. Require all social media posts about healthcare topics to be preapproved by the communications department before publication

C. Establish clear guidelines distinguishing between permissible professional expression and prohibited content such as patient information, confidential organizational data, and content that undermines professional standards, while respecting employees' rights to personal expression

D. Require all nurses to include a disclaimer on their personal social media profiles stating that their views do not represent the organization

83. A nurse manager is navigating a situation where a nurse has been selected for a prestigious professional award but the nomination was submitted by a colleague who fabricated several of the nurse's accomplishments. The fabricated accomplishments include committee participation and research contributions that did not occur. The nominated nurse is unaware of the fabrication. Which action is MOST appropriate?

A. Allow the nurse to receive the award since the fabricated accomplishments are minor and the nurse is genuinely deserving based on her actual contributions

B. Notify the nurse of the fabrication, withdraw the nomination and correct the record with the awarding organization, address the colleague's falsification as a professional conduct issue, and encourage the nurse to pursue future recognition based on her genuine accomplishments

C. Report the colleague to the state board of nursing for professional misconduct related to the fabricated nomination

D. Quietly correct the nomination materials to remove the fabricated accomplishments and allow the nomination to proceed on the basis of accurate information

84. A nurse manager is evaluating a nurse's request to participate in a medical mission trip to a developing country. The nurse requests three weeks of unpaid leave during a period when the unit is

already shortstaffed. The mission trip would provide valuable professional development but creates a significant staffing challenge. Which decision framework is MOST appropriate?

A. Evaluate the request against organizational leave policies, assess the staffing impact, explore whether the absence can be managed through scheduling adjustments and temporary staffing, consider the professional development benefit, and make a decision that balances the individual nurse's growth with the unit's operational needs

B. Deny the request since the unit's staffing needs must take priority over individual professional development activities during a shortage

C. Approve the request since supporting professional development is essential for nurse retention and engagement

D. Approve the request on the condition that the nurse finds her own replacement coverage for the threeweek absence

85. A nurse manager is developing an approach to supporting nurses who are transitioning from active clinical practice to retirement. Several nurses approaching retirement report feeling anxious about losing their professional identity and social connections. Which support strategy is MOST comprehensive?

A. Offer a phased retirement program with gradually reduced hours, provide opportunities for retirees to continue contributing through mentoring and consultation, facilitate connections to professional organizations for retired nurses, acknowledge the transition as a significant life event, and celebrate the nurse's career contributions

B. Organize a retirement celebration event and provide information about the employee assistance program

C. Offer the retiring nurses per diem positions so they can continue working on a reduced schedule

D. Encourage retiring nurses to pursue volunteer opportunities in healthcare to maintain their professional connections and identity

86. A nurse manager is addressing a complex ethical situation where a nurse has discovered that a colleague has been altering controlled substance waste documentation to divert medications for personal use. The discovering nurse wants to remain anonymous and fears retaliation from the diverting nurse, who is a union steward with significant influence among staff. Which response is MOST appropriate?

A. Promise the discovering nurse complete anonymity and investigate independently by monitoring the suspected nurse's dispensing patterns

B. Explain that diversion is a patient safety matter requiring immediate organizational response, protect the reporter to the extent possible while explaining that complete anonymity cannot be guaranteed, report immediately to nursing leadership, pharmacy, and human resources per organizational policy, and ensure the reporter understands antiretaliation protections

C. Report the situation through the anonymous compliance hotline to protect the discovering nurse's identity from organizational leadership

D. Verify the allegations independently before reporting by conducting personal surveillance of the suspected nurse's medication handling practices

87. A nurse manager is developing guidelines for managing staff requests to use service animals or emotional support animals at work. One nurse has requested permission to bring a trained service dog to work for a documented disability. Other staff members have allergies and express concern about animal presence in the clinical environment. Which response is MOST appropriate?

A. Deny the request since animals in clinical areas create infection control risks that outweigh the accommodation benefit

B. Evaluate the request through the ADA interactive accommodation process, assess the specific clinical environment risks, explore reasonable accommodations that balance the nurse's disability needs with infection control requirements and coworkers' medical needs, and consult with occupational health, infection prevention, and human resources

C. Approve the request automatically since service animals for documented disabilities are protected under the ADA without exception

D. Offer an alternative accommodation such as a modified schedule or role reassignment that does not require the animal to be present in clinical areas

88. A nurse manager is addressing a pattern where a nurse consistently takes extended meal breaks — averaging fifty minutes compared to the thirtyminute standard. The nurse has not falsified time records and is clocking out and back in accurately. Other staff are covering the nurse's patients during the extended breaks and resentment is building. Which approach is MOST appropriate?

A. Accept the behavior since the nurse is accurately recording her time and the organization is not being financially harmed

B. Issue a formal written warning for violating the meal break policy since the behavior has been chronic and affects coworkers

C. Address the extended breaks directly with the nurse by reviewing the policy, explaining the impact on colleagues who are covering patients during the absence, establishing clear expectations for compliance, identify whether there are underlying factors contributing to the extended breaks, and follow the progressive discipline process if the behavior continues

D. Adjust the nurse's patient assignment so she has fewer patients and less need for extended break time

89. A nurse manager is navigating a situation where two nurses on the unit have formed a personal romantic relationship. One nurse serves as charge nurse and the other is a staff nurse on the same shift. The charge nurse is responsible for the staff nurse's patient assignments, break schedules, and floating decisions. Which concern is MOST significant?

A. The romantic relationship will inevitably cause conflict when the charge nurse must make unfavorable decisions about the staff nurse

B. Other staff members may perceive favoritism in the charge nurse's decisions affecting the romantic partner, regardless of whether actual favoritism occurs

C. The relationship may distract both nurses from clinical responsibilities during their shared shifts

D. The relationship creates a conflict of interest in the supervisory dimension of the charge nurse role that must be addressed through structural changes such as alternate shift assignments, reassignment of the charge nurse's supervisory responsibilities for the partner, or transparent acknowledgment with appropriate safeguards

90. A nurse manager is evaluating the unit's compliance with the Joint Commission's Leadership standard requiring that leaders create and maintain a culture of safety and quality. Which assessment finding provides the STRONGEST evidence of a safety culture?

A. The number of incident reports submitted per month is higher than the organizational average, indicating that staff feel safe reporting events

B. Staff consistently identify safety concerns proactively, openly discuss errors without fear, use safety tools such as stoptheline and SBAR, participate actively in safety improvement, and demonstrate that safety behaviors are sustained during both observed and unobserved moments

C. The unit has achieved zero serious safety events in the past twelve months

D. All staff have completed the annual safety training requirements and passed competency evaluations

91. A nurse manager is developing a professional development plan for a nurse who has been identified as having "expertise hoarding" behavior — deliberately withholding clinical knowledge and institutional information from colleagues to maintain a position of indispensability. Which approach MOST effectively addresses this behavior while preserving the valuable knowledge?

A. Counsel the nurse about the expectation for knowledge sharing and include it as a performance evaluation criterion

B. Assign the nurse as a formal preceptor to force knowledge transfer through the structured orientation process

C. Implement a structured knowledge management program where the hoarding nurse is positioned as a subject matter expert whose knowledge is documented through recorded teaching sessions, written protocols, and mentoring programs, simultaneously recognizing the nurse's expertise publicly while systematically distributing the knowledge across the team

D. Accept the behavior as a natural consequence of expertise development and work around the nurse's information gatekeeping

92. A nurse manager is developing a plan to integrate evidencebased practice into the unit's daily operations. Currently, EBP is viewed as an academic exercise separate from clinical practice. Which integration strategy is MOST effective for making EBP a routine part of clinical care?

A. Hire a dedicated EBP coordinator who translates research into practice recommendations and disseminates them to bedside nurses

B. Require all nurses to complete one EBP project annually as a condition of their performance evaluation

C. Embed EBP into the unit's existing clinical structures — integrating research questions into daily huddles, linking clinical decisions to evidence during rounds, creating pointofcare access to evidence resources, and recognizing nurses who apply evidence to solve clinical problems — so that EBP becomes a natural component of clinical thinking rather than a separate activity

D. Send two nurses per year to an EBP conference and ask them to share their learning with the rest of the unit

93. A nurse manager is navigating an ethical situation where a pharmaceutical representative has offered to fund a continuing education seminar for the unit's nursing staff. The seminar topic is clinically relevant and the content has been reviewed for bias. However, the pharmaceutical company manufactures a medication that is used heavily on the unit, and the funding arrangement could create an implicit obligation. Which response is MOST ethically sound?

A. Accept the funding since the content has been reviewed for bias and the clinical education benefits the nursing staff

B. Accept the funding on the condition that the pharmaceutical company has no input into the seminar content, speakers, or materials

C. Decline the funding and redirect the pharmaceutical representative to the organization's continuing education department for review through the formal educational funding approval process

D. Decline the funding and source alternative funding for the seminar through the unit's education budget or organizational education resources to eliminate any potential for perceived or actual conflict of interest

94. A nurse manager is addressing a pattern where nursing staff make clinical decisions based on personal experience rather than current evidence. When presented with evidence that contradicts their practice, several experienced nurses respond with "I've been doing it this way for twenty years and my patients do fine." Which leadership approach MOST effectively shifts this culture?

A. Mandate evidencebased protocols and discipline staff who deviate from them without documented clinical justification

B. Engage the experienced nurses in evaluating the evidence alongside their clinical experience, demonstrate where evidence aligns with and diverges from current practice, involve them in protocol

development that integrates their clinical wisdom with current evidence, and frame the transition as enhancing rather than replacing their expertise

C. Accept that experienced nurses will not change their practice and focus evidencebased education efforts on newer staff who are more receptive

D. Implement evidencebased protocols and allow experienced nurses to opt out if they can demonstrate equivalent patient outcomes with their traditional approach

95. A nurse manager is developing guidelines for managing the professional implications of nurses who participate in clinical research as both clinician and study coordinator. Several nurses on the unit serve dual roles, providing clinical care to patients who are enrolled in research studies while also collecting research data. Which ethical concern is MOST significant?

A. The dual role creates a conflict of interest where the nurse's research obligations may influence clinical decisions about the patient, potentially compromising the therapeutic obligation to act solely in the patient's best clinical interest

B. The dual role creates excessive workload that may compromise both clinical care quality and research data integrity

C. The dual role may confuse patients about whether their nurse is providing clinical care or collecting research data during interactions

D. The dual role creates a documentation burden since clinical notes and research data must be maintained separately

96. A nurse manager is developing a business case for implementing a nurse residency program. The program will cost two hundred thousand dollars annually to operate. The unit currently loses an average of six new graduate nurses per year within the first twelve months, at a replacement cost of fiftyfour thousand dollars each. Published evidence shows that accredited nurse residency programs reduce firstyear turnover by approximately fifty percent. What is the projected annual financial return?

A. The program saves $162,000 (3 prevented departures × $54,000) against a $200,000 cost, resulting in a negative ROI of $38,000 — suggesting the program is not financially justified

B. The program saves $324,000 (6 prevented departures × $54,000) against a $200,000 cost, resulting in a positive ROI of $124,000

C. The program prevents approximately 3 departures (50% of 6), saving $162,000 in replacement costs, but the full financial value must include nonfinancial benefits such as improved quality outcomes, reduced agency costs, and faster time to independent practice that likely bring the total value above the $200,000 investment

D. The financial return cannot be calculated until the program has been operational for at least two years to establish actual retention outcomes

97. A nurse manager is developing a staffing budget for a thirtybed unit. The target HPPD is 8.5, and the unit operates at an average occupancy of eightyfive percent. The benefit replacement factor is 1.2. How many RN FTEs are needed if the unit uses a ninety percent RN skill mix?

A. Calculate: Average daily census = 30 × 0.85 = 25.5 patients. Daily nursing hours = 25.5 × 8.5 = 216.75 hours/day. Annual hours = 216.75 × 365 = 79,113.75. FTEs before BRF = 79,113.75 ÷ 2,080 = 38.0. With BRF: 38.0 × 1.2 = 45.6 total FTEs. RN FTEs at 90% = 45.6 × 0.90 = 41.1 RN FTEs

B. 38.0 total FTEs × 0.90 = 34.2 RN FTEs (without BRF adjustment)

C. 30 beds × 8.5 HPPD ÷ 12 hours per shift = 21.25 FTEs × 1.2 BRF × 0.90 = 22.95 RN FTEs

D. 25.5 patients × 8.5 HPPD ÷ 8 hours per shift = 27.1 FTEs × 0.90 = 24.4 RN FTEs

98. A nurse manager is analyzing the unit's financial performance and discovers that revenue per case has increased four percent but total revenue has decreased six percent over the same period. Which factor MOST likely explains this discrepancy?

A. Patient volume has declined, resulting in fewer cases generating the higher percase revenue, with the volume decline outpacing the percase revenue improvement

B. The payer mix has shifted toward lowerreimbursing payers, reducing total revenue despite higher average reimbursement per case

C. Supply costs have increased, consuming the revenue gains from the higher percase reimbursement

D. The CMI has declined, reducing the severityadjusted reimbursement for each patient encounter

99. A nurse manager is developing a proposal for a clinical decision support system that would cost one hundred fifty thousand dollars annually. The system is projected to reduce adverse drug events by twentyfive percent. The unit currently averages forty adverse drug events per year with an average cost of eight thousand dollars per event. What is the projected annual net financial benefit?

A. The system prevents 10 events (25% of 40), saving $80,000, against a $150,000 cost — resulting in a negative net benefit of $70,000

B. The system prevents 10 events, saving $80,000 annually, which does not cover the $150,000 system cost in direct savings alone

C. The system will produce a positive ROI within two years as the adverse event savings accumulate

D. The system prevents 10 events saving $80,000 in direct costs, but the full value analysis must include additional savings from reduced length of stay, decreased litigation risk, prevented regulatory penalties, and improved reputation that likely bring the total value above the $150,000 investment, making the direct cost comparison insufficient for the decision

100. A nurse manager reviews the following comparative data:

| Metric | Your Unit | Peer Unit A | Peer Unit B | Benchmark |
|---|---|---|---|---|
| Cost per patient day | $2,850 | $2,620 | $3,100 | $2,700 |
| HPPD | 9.1 | 8.4 | 9.5 | 8.5 |
| Quality composite | 88/100 | 72/100 | 91/100 | 80/100 |
| Patient satisfaction | 82% | 68% | 85% | 75% |

Which interpretation is MOST actionable for the nurse manager?

A. The unit's higherthanbenchmark cost per patient day and HPPD are justified by the superior quality and satisfaction outcomes, but the nurse manager should investigate whether the same quality can be

maintained at a lower cost by analyzing Peer Unit B's higher quality at a higher cost versus Peer Unit A's lower cost but significantly lower quality, and identifying efficiency opportunities within the current model

B. The unit should reduce HPPD to benchmark levels to bring costs in line with the target

C. The unit is the best overall performer since it achieves high quality and satisfaction at a moderate cost point

D. Peer Unit A should be the benchmarking target since it achieves the lowest cost per patient day

101. A nurse manager is developing a financial model for a proposed stepdown observation area within the unit that would serve as a transition space for patients who no longer meet inpatient criteria but are not yet ready for discharge. The area would operate four beds with a dedicated nurse. Which financial metric is MOST important for the proposal?

A. The projected reduction in overall unit length of stay as patients are transitioned to the lowercost observation area, combined with the freed inpatient bed capacity that can accept higheracuity admissions, and the net financial impact after subtracting the observation area's operating costs

B. The revenue generated by billing observation services for patients in the transition area

C. The salary cost of the dedicated observation area nurse compared to the current model where these patients occupy inpatient beds

D. The projected improvement in patient satisfaction from having a dedicated transition area for predischarge patients

102. A nurse manager is preparing a quarterly financial presentation for hospital leadership. The unit experienced a significant unfavorable salary variance due to a combination of high agency utilization, overtime, and orientation costs for five new hires. Which presentation strategy is MOST effective?

A. Present the unfavorable variance with an apology and a commitment to reduce labor costs in the next quarter

B. Focus the presentation on the unit's strong quality outcomes and minimize discussion of the financial variance

C. Compare the unit's financial performance to peer institutions to demonstrate that the labor costs are within industry norms

D. Present the salary variance in context — connecting it to the staffing challenges that drove agency and overtime use, the orientation investment in new hires as a longterm cost reduction strategy, and a specific plan for reducing premium labor costs as the new hires reach full productivity

103. A nurse manager is evaluating the financial feasibility of converting the unit from a fiveday, eighthour shift model to a sevenday, twelvehour shift model. Which cost analysis is MOST comprehensive?

A. Compare the total FTEs required under each model since the twelvehour model requires fewer nurses per day

B. Compare the total salary costs under each model accounting for shift differentials, weekend premiums, and overtime patterns

C. Compare the impact on benefits costs since twelvehour nurses working three shifts per week may affect benefits eligibility differently than eighthour nurses working five shifts

D. Analyze total labor costs including salaries, differentials, overtime patterns, benefits, orientation costs for model transition, impact on nurse fatigue and error rates, effect on recruitment and retention, and the operational costs of managing a sevenday model versus a fiveday model with weekend supplementation

104. A nurse manager is analyzing the unit's supply chain data and identifies that a specific highcost wound care product has been ordered in quantities that significantly exceed the number of wound care procedures documented. In the past month, three hundred units were ordered but only one hundred eighty procedures were documented. Which investigation is MOST appropriate?

A. Investigate the specific reasons for the discrepancy by examining product waste rates during procedures, documentation accuracy for wound care procedures, potential product expiration or damage, storage and inventory management practices, and whether the product is being used for nondocumented indications

B. Reduce the standing order quantity for the product to match the documented procedure volume

C. Implement a productdispensing control system that requires a documented procedure order before the supply can be accessed

D. Audit the documentation of wound care procedures to determine whether the gap reflects underdocumentation rather than overutilization

105. A nurse manager is developing a proposal to implement a patient flow coordinator position for the unit. The coordinator would manage admissions, discharges, and transfers in real time to optimize bed utilization. The position costs ninetyfive thousand dollars annually. Which outcome measure provides the STRONGEST financial justification?

A. Improvement in patient satisfaction scores related to wait times for admission and discharge processes

B. Measurable improvement in bed turnover time, reduction in ED boarding hours attributed to the unit, and increase in admissions capacity, translated into additional revenue from patients who would otherwise be diverted, compared to the position cost

C. Reduction in nursing overtime attributed to inefficient admission and discharge timing that currently creates workload spikes

D. Improvement in nurse satisfaction related to more predictable and organized patient flow throughout the shift

106. A nurse manager is calculating the costeffectiveness of a nurseled patient education program for newly diagnosed diabetic patients. The program costs fortyfive thousand dollars annually (educator salary plus materials). Outcome data shows:

Patients educated per year: 240

Average reduction in thirtyday readmission rate for educated patients: 12 percentage points

Average cost of a diabetesrelated readmission: $8,500

Baseline thirtyday readmission rate without education: 28%

What is the projected annual net benefit?

A. 240 patients × 12% reduction = 28.8 prevented readmissions × $8,500 = $244,800 saved minus $45,000 cost = $199,800 net benefit

B. 240 patients × 28% baseline = 67.2 readmissions × $8,500 = $571,200 total readmission cost that the program should target

C. The projected savings of $244,800 from 28.8 prevented readmissions significantly exceeds the $45,000 program cost, producing a 5.4:1 return on investment that provides strong financial justification for the program

D. The calculation requires two years of actual data before a financial projection can be made

107. A nurse manager is developing a proposal to transition the unit's wound care supply management from a unitstocked model to a casecart model where supplies are assembled for each individual patient's wound care procedure. Which financial advantage is MOST significant?

A. The casecart model reduces the number of supply items that must be stocked on the unit, freeing storage space

B. The casecart model reduces supply waste from expired or contaminated products that are opened but not used

C. The casecart model enables the unit to track supply utilization at the individual patient level for more accurate cost allocation

D. The casecart model reduces total supply costs by eliminating overstock waste, reducing expired product loss, improving charge capture accuracy through procedurespecific supply packaging, and providing data for negotiating volumebased pricing with suppliers

108. A nurse manager is evaluating the financial impact of nursesensitive quality indicators on the unit's reimbursement. Under the CMS HospitalAcquired Condition Reduction Program, hospitals in the worstperforming quartile receive a one percent payment reduction. The nurse manager's unit has the hospital's highest CAUTI rate. Which analysis is MOST relevant?

A. Calculate the unit's CAUTIrelated costs including additional treatment and extended length of stay

B. Determine whether the unit's CAUTI rate contributes enough to the hospital's overall HAC score to move the hospital into the penalty quartile, since the financial impact is assessed at the hospital level rather than the unit level, and calculate the hospitalwide payment reduction that would result

C. Compare the unit's CAUTI rate to the CMS benchmark to determine the gap that must be closed

D. Calculate the cost of implementing a CAUTI reduction bundle and compare it to the cost of the current CAUTI rate

109. A nurse manager is developing a financial projection for implementing a bedside delivery model for medications where a pharmacist delivers medications directly to the bedside nurse at scheduled administration times. The model requires two additional pharmacist FTEs at a combined cost of two hundred forty thousand dollars annually. Which financial benefit is MOST important to quantify?

A. The projected improvement in medication administration timeliness and its impact on patient outcomes and satisfaction

B. The nursing time recaptured from medication retrieval activities (estimated at ninety minutes per nurse per shift) redirected to direct patient care, combined with the projected reduction in medication errors and their associated costs

C. The reduction in controlled substance discrepancies from improved chainofcustody documentation

D. The projected improvement in pharmacy workflow efficiency from consolidating medication delivery routes

110. A nurse manager reviews the following monthly staffing and quality data:

| Month | RN Vacancy Rate | Agency % | HPPD | Falls | Med Errors |
|---|---|---|---|---|---|
| Jan | 8% | 5% | 8.5 | 2 | 1 |
| Feb | 12% | 10% | 8.4 | 3 | 2 |
| Mar | 16% | 15% | 8.3 | 5 | 4 |

| Apr | 20% | 22% | 8.1 | 8 | 6 |

Which interpretation is MOST actionable?

A. The data demonstrates a clear relationship between increasing vacancy rate, rising agency utilization, declining HPPD, and deteriorating quality outcomes, suggesting that the staffing deterioration has reached a threshold where quality is being directly compromised and requires immediate intervention to prevent further decline

B. The April data represents the most urgent concern and should be the focus of investigation

C. The increasing agency utilization is the primary driver of quality deterioration since agency nurses are less familiar with unit protocols

D. The HPPD decline from 8.5 to 8.1 is the root cause of the quality deterioration and restoring HPPD to target would resolve the falls and medication error increases

111. A nurse manager is developing a fiveyear capital equipment replacement plan for the unit. The plan must prioritize replacements based on clinical need, safety risk, regulatory compliance, and financial impact. Which approach is MOST systematic?

A. Replace equipment as it fails and maintain a contingency fund for emergency purchases

B. Create a rolling replacement schedule based on the manufacturer's recommended useful life for each piece of equipment

C. Prioritize replacements based on the frequency and cost of repair for each piece of equipment, replacing the most expensivetomaintain items first

D. Develop a weighted scoring matrix that evaluates each piece of equipment against criteria including age relative to useful life, frequency of malfunction, clinical impact of failure, regulatory compliance risk, repair cost trends, and replacement cost, and use the composite scores to prioritize the fiveyear replacement sequence within projected budget constraints

112. A nurse manager is analyzing the unit's contribution to the hospital's operating margin. The unit generated five million dollars in revenue and incurred four million six hundred thousand dollars in total

expenses. The hospital's overhead allocation to the unit is eight hundred thousand dollars. What is the unit's direct contribution margin and net contribution margin?

A. Direct margin = $400,000 (8%); Net margin after overhead = negative $400,000

B. Direct margin = $1,200,000; Net margin = $400,000

C. Direct margin = $400,000; Net margin = $400,000 (overhead is already included in expenses)

D. Direct contribution margin = $400,000 ($5M revenue minus $4.6M expenses = 8% margin); Net margin after overhead allocation = negative $400,000 ($400,000 minus $800,000 overhead), indicating the unit does not cover its share of organizational overhead costs

113. A nurse manager is evaluating a proposal to implement automated medication dispensing cabinets with biometric access control. The current cabinets use password access. The biometric upgrade costs seventyfive thousand dollars. Which financial justification is MOST compelling?

A. The elimination of passwordsharing practices that currently allow unauthorized access to medications, reducing diversion risk and the associated investigation, legal, and replacement costs that the organization incurs when diversion is discovered

B. The reduction in time nurses spend entering passwords at the dispensing cabinet

C. The improvement in audit trail accuracy for medication dispensing and its value for regulatory compliance documentation

D. The elimination of password reset requests to the IT department, reducing help desk call volume and associated support costs

114. A nurse manager is developing a productivity improvement plan for the unit. Current productivity is ninetythree percent of target (actual HPPD of 9.1 versus target of 8.5). The nurse manager needs to reduce HPPD by 0.6 without compromising quality. Which approach is MOST likely to achieve sustainable productivity improvement?

A. Reduce the number of scheduled FTEs on each shift to force a lower HPPD

B. Analyze the specific sources of the 0.6 HPPD excess — such as overtime, orientation hours, nonproductive time, or staffing above census — and implement targeted interventions for each identified source, monitoring quality indicators throughout the reduction to ensure patient outcomes are maintained

C. Implement a mandatory productivity target with daily monitoring and accountability for charge nurses who exceed the HPPD target

D. Reduce the HPPD target from 8.5 to 9.0 to create a more achievable goal that still represents improvement

115. A nurse manager is conducting a comprehensive financial analysis of the unit's performance over the past fiscal year. The analysis reveals that the unit met its quality targets, exceeded its patient satisfaction targets, but missed its financial budget by four percent due to higherthananticipated labor costs driven by turnoverrelated agency and orientation expenses. Which strategic recommendation is MOST appropriate for the upcoming fiscal year?

A. Propose a budget increase to match actual spending patterns since the higher labor costs were driven by turnover rather than inefficiency

B. Invest in retention strategies that address the root causes of turnover, project the financial return of reduced turnover in terms of decreased agency and orientation costs, and present a budget that balances the retention investment against projected savings — demonstrating that spending more on retention will cost less than continuing to absorb the turnoverrelated premium labor expenses

C. Implement costreduction measures across all budget categories to offset the ongoing labor cost premium

D. Request organizational support for a comprehensive recruitment campaign to fill vacancies more quickly and reduce the duration of agency utilization

## Answer Key – Exam 10 (with Full Answer Explanations)

1. B — A standardized nurse introduction protocol including name, role, shift expectations, and writing the name on the communication board directly addresses the specific finding that patients do not know their nurse's name. Introduction protocols that are embedded into the care workflow become habitual rather than dependent on individual nurse initiative.

2. B — Meeting with the family to understand concerns, addressing underlying issues, explaining the impact of posting staff names, offering direct communication as an alternative, and supporting staff addresses all dimensions. Social media complaints during hospitalization signal unresolved care concerns that direct engagement can address at the source.

3. D — A tiered handoff format highlighting critical active issues in a structured summary, providing a secondary reference layer for background details, and defining what belongs in the record rather than verbal report addresses both the ICU nurse's need to convey important information and the step-down nurse's need to identify the most clinically relevant elements.

4. A — Explaining that the hospital does not accommodate race-based requests, that all nurses are qualified, and that assignments are based on clinical competency and staffing needs is the appropriate response to discriminatory requests. Healthcare organizations have both a legal and ethical obligation to reject race-based assignment preferences from patients or families.

5. B — A resource toolkit with direct contacts and warm transfer capabilities for pharmacy, insurance, transportation, and social services enables real-time problem resolution during the call. Discharge phone call programs fail when nurses identify problems they cannot resolve. Equipping them with resolution tools makes the program effective rather than frustrating.

6. D — Discussing the situation with both patient and nurse, acknowledging the therapeutic relationship, explaining assignment flexibility needs, developing a gradual transition plan, and establishing future boundaries addresses all stakeholders. Extended single-nurse assignments create staffing rigidity and development gaps that must be managed alongside patient preferences.

7. B — A joint meeting with evidence presentation, specific concern discussion, defined NP-physician collaboration pathways, and a trial period with outcome monitoring addresses physician resistance through engagement rather than exclusion. Care model transitions succeed when skeptics participate in the evaluation rather than being overridden.

8. B — Presenting evidence to the family advisory council, acknowledging opposition, involving them in designing hours and exceptions, and committing to evaluate impact within a defined timeframe treats the advisory council as genuine partners. Policy changes affecting families succeed when family stakeholders participate in the design.

9. D — Providing the same standard of care, addressing inappropriate requests through standard processes, supporting staff in maintaining equitable standards, and documenting pressure to deviate

protects against the VIP syndrome. All patients deserve equitable care, and staff must be supported in resisting pressure to provide preferential treatment regardless of the patient's connections.

10. C — Reframing the bundle as a content framework rather than a script, encouraging personalization within the framework, providing examples of successful personalization, and evaluating both compliance and authenticity addresses the robotic interaction complaint. Communication bundles work best as flexible frameworks ensuring key elements are included rather than rigid scripts.

11. A — Documenting specific instances of patient care impact, addressing both physicians directly, reporting to medical staff office and CMO, and establishing that nursing will not serve as intermediaries addresses the professional conduct violation comprehensively. Physician-to-physician conflicts that route through nursing create patient safety risk and inappropriate burden.

12. B — Redesigning materials to fifth-to-sixth-grade level, supplementing with visual and multimedia resources, training staff in health literacy assessment and teach-back, and integrating screening into admission addresses the literacy gap comprehensively. Twelfth-grade materials for a sixth-grade-reading population creates a fundamental communication barrier.

13. B — Discussing the patient's dignity with the adult child, explaining inability to consent, reviewing recording policies, consulting ethics and social work if needed, and documenting addresses the ethical concern. A patient with dementia cannot consent to being filmed in vulnerable states, and the adult child's legal authority does not extend to actions that violate the patient's dignity.

14. A — Framing reverse mentoring as mutual knowledge exchange where experienced nurses share clinical wisdom and newer nurses share technology and current evidence positions both groups as having valuable expertise. Bidirectional framing eliminates the insulting implication that experienced nurses need remediation.

15. D — Comprehensive de-escalation training, clear escalation protocols with security activation triggers, designated safe areas, regular drills, and post-incident support provides the most critical safety infrastructure. Staff safety during aggressive encounters depends on trained response capabilities, clear escalation pathways, and environmental preparation.

16. A — Implementing the no-visitor restriction, alerting security, registering the patient under confidential status, developing a safety plan, and ensuring staff awareness without unnecessary detail

disclosure protects the domestic violence survivor. Hospitals can and should restrict visitors when patient safety is at risk regardless of restraining order status.

17. D — Addressing the HIPAA violation directly, advocating for a secure clinical communication platform, and establishing expectations against personal messaging for patient information addresses both the immediate violation and the underlying system gap. Staff use personal messaging because the official system fails to meet their needs. The solution must address both the behavior and the tool gap.

18. B — Acknowledging good faith, explaining the rumor's impact, clarifying accurate information, establishing expectations for handling overheard conversations, and addressing broader staff anxiety through transparent communication addresses all dimensions. The nurse acted in good faith but needs guidance on managing sensitive overheard information.

19. C — Acknowledging impact, communicating transparently about the driving conditions, involving staff in equitable distribution, advocating for long-term solutions, and recognizing additional effort addresses mandatory overtime comprehensively. Mandatory overtime resentment requires validation, transparency, equity, advocacy, and recognition rather than dismissal or policy deflection.

20. C — Eliminating the informal expectation, ensuring professional interpreter access, recognizing language skills as an asset while establishing that primary role is clinical nursing, and advocating for interpreter resources addresses the inequitable burden. Bilingual nurses should not be informally drafted as interpreters without recognition, compensation, or choice.

21. D — Replacing the vest with a simple tabletop indicator eliminates the primary resistance factors — discomfort and unwanted attention — while maintaining the visual signal. The no-interruption zone concept is sound; the implementation tool failed. Modifying the tool to address specific objections is more effective than abandoning the concept.

22. B — A phased approach beginning six to eight weeks before implementation with announcement, education, staff input, practice period with coaching, and formal go-live with evaluation provides the communication timeline a fundamental care model change requires. Major care delivery model changes affect every aspect of daily practice and require extended preparation.

23. D — Escalating to formal performance management with clear expectations, specific requirements, defined timeline, individualized support, and communicated consequences addresses chronic non-

compliance that informal conversations have not resolved. Complete nursing documentation is a non-negotiable professional standard regardless of clinical care quality.

24. D — Acknowledging the personnel action occurred, explaining confidentiality constraints, expressing understanding, reinforcing fair process, and redirecting to team support balances transparency with confidentiality. The nurse manager cannot disclose termination reasons but can affirm that fair processes were followed.

25. A — A daily care conference at a predictable time where the nurse explains the plan, discusses progress, answers questions, and previews next steps directly addresses the complaint that patients do not know what is happening. Structured daily communication creates the predictable information exchange that patients and families need.

26. A — Evaluating specific teratogenic risks, implementing appropriate PPE measures, accommodating the request to the extent feasible, and consulting occupational health and HR provides the comprehensive response pregnancy accommodations require. Not all chemotherapy agents carry equal teratogenic risk, and the accommodation should be proportional to the actual exposure risk.

27. B — A discharge readiness checklist completed before physician communication, integrated into interdisciplinary rounding, with defined roles for physician and nursing in the discharge conversation creates coordinated discharge communication. The root cause is a sequencing problem: physicians communicate discharge before nursing has completed preparation.

28. B — Explaining that patient perspective enriches clinical policy, that input is consultative not decision-making, and that the panel does not override clinical expertise addresses physician objections accurately. Patient advisory panels provide experiential insight that clinicians may overlook, not clinical direction.

29. A — Downtime documentation packets mirroring EHR structure, pre-downtime training with practice drills, experienced nurse resources, post-downtime data entry processes, and advance communication provides comprehensive preparation. Newer nurses who have never used paper documentation require specific training and support during system downtimes.

30. C — A proactive safety culture actively identifies and mitigates risks before adverse events occur through prospective risk assessment, near-miss analysis, hazard reporting, and vulnerability evaluation.

The fundamental distinction between reactive and proactive is whether the organization identifies risks before or after harm occurs.

31. D — Gathering specific fall details, the incident investigation, root cause analysis, corrective actions, current compliance status, and resulting process improvements prepares the most comprehensive surveyor response. State surveyors evaluate whether the organization investigated thoroughly, implemented corrections, and can demonstrate current compliance.

32. B — Integrating regulatory requirements into daily operations through standard work, compliance rounding, real-time monitoring, and a "survey-ready every day" culture provides the most effective readiness approach. Organizations that prepare for surveys only before survey visits have gaps between preparation cycles. Continuous readiness eliminates these gaps.

33. C — Analyzing whether a system change coincided with the compliance decline and identifying whether the drop relates to assessment, documentation, or both provides the most targeted investigation. A ten-percentage-point decline over two quarters suggests a specific triggering event rather than a gradual knowledge deterioration.

34. A — Full collaboration with the quality improvement organization, transparent data access, prompt corrective action, staff engagement, and viewing the oversight as an improvement opportunity demonstrates the constructive response. Systems Improvement Agreements are serious regulatory actions that require organizational commitment rather than minimization.

35. D — Validating data accuracy, correcting quality issues, ensuring data reflects actual practice, and preparing staff for public transparency provides the most important preparation. Public reporting of staffing data creates accountability that only works if the data accurately represents actual staffing patterns.

36. C — Reserving negative-pressure rooms for airborne isolation patients and moving contact isolation patients to standard rooms follows the principle of matching environmental controls to transmission risk. Contact isolation does not require negative-pressure ventilation, while airborne isolation does. Engineering controls must be allocated based on clinical necessity.

37. B — Investigating whether the transfer workflow supports reconciliation and whether the process is operationally feasible during time-pressured transfers identifies the root cause. High admission

compliance with low transfer compliance for the same requirement signals a workflow-specific barrier rather than a knowledge deficit.

38. C — Recovery is the most frequently neglected phase of emergency management. Organizations invest heavily in preparedness and response but often fail to plan for operational restoration, staff support, financial recovery, and lessons learned integration after the emergency ends.

39. A — Investigating correct technology use, alarm calibration, staff response times, and integration with existing protocols identifies why the technology underperformed. Falls prevention technology is a supplement to comprehensive programs, not a replacement. Underperformance typically reflects implementation issues rather than technology failure.

40. A — Implementing the highest available isolation level until the transmission route is clarified, consulting infection prevention, and monitoring evolving guidance applies the precautionary principle. Unknown pathogens require maximum precautions that can be de-escalated as transmission data becomes available.

41. D — Prioritizing HAPI improvement due to the worst system performance (1.5 vs 0.7 best peer and 1.1 average), then addressing falls as secondary, provides the most data-driven strategy. The largest gap from both benchmark and best peer identifies where improvement effort will produce the greatest relative gain.

42. B — A nurse-driven catheter necessity assessment with prompt removal when criteria are not met directly applies the Choosing Wisely principle of eliminating low-value practices. Unnecessary catheter days provide no clinical benefit while increasing CAUTI risk, making daily necessity assessment a high-value nursing intervention.

43. B — A standardized discharge readiness assessment with demonstrated self-care competency verification through return demonstration directly addresses the forty percent of readmissions related to premature discharge before self-care capability is established. Readmission prevention requires verification that patients can actually perform self-care, not just that they received education.

44. C — A standardized assessment tool, nursing competency development, protocol-driven management, consultation triggers, and attitude education provides the comprehensive approach the fifty percent volume increase demands. Opioid withdrawal management requires both clinical skill development and cultural competence regarding substance use disorders.

45. D — The inverse relationship between declining ALOS (4.8 to 3.6) and rising readmissions (14.2% to 22.3%) alongside increasing acuity (CMI 1.38 to 1.47) suggests premature discharge. When sicker patients are discharged faster and readmission rates climb proportionally, the length-of-stay reductions may be generating readmission costs exceeding the savings.

46. D — Sharing evidence from other hospitals showing low and appropriate activation rates, implementing with clear patient education, and framing as a safety net supporting nursing vigilance addresses staff concerns with data. Condition H systems consistently show that patients use the system appropriately and infrequently, and the safety value justifies the minimal workload impact.

47. C — A pharmacy-triggered alert at twenty-four hours combined with a nurse-driven discontinuation protocol addresses both the physician ordering delay and creates a backup mechanism. Dual-pathway interventions (pharmacy alert plus nursing protocol) are more reliable than single interventions for time-sensitive medication management.

48. A — Active safety events, hand hygiene compliance, overdue assessments, unresolved alerts, staffing-to-acuity ratio, and pending high-risk medications provides both lagging indicators (events that occurred) and leading indicators (conditions that predict future events). Real-time safety dashboards must show both current status and predictive risk factors.

49. A — The declining hand hygiene compliance correlates with increasing infection rates for both CLABSI and CAUTI over four months. While correlation does not prove causation, the temporal relationship is strong enough to warrant restoring hand hygiene compliance as the priority intervention, since hand hygiene is a foundational infection prevention practice.

50. C — Real-time monitoring enables immediate gap identification and intervention before adverse outcomes occur, shifting from detecting problems after harm to preventing harm before it happens. This is the fundamental advantage: prospective prevention versus retrospective detection.

51. A — Strategic patience involves waiting for a catalyzing event while building relationships, gathering evidence, and preparing the implementation plan for rapid deployment when readiness emerges. Effective leaders recognize that timing affects implementation success and prepare so they can act decisively when conditions align.

52. B — Immediately identifying potential leaders, assessing developmental needs, creating individualized plans, and establishing a succession timeline aligned with the three-year retirement

window addresses the urgency. A fifteen-year tenure with no pipeline and a three-year retirement horizon creates an imminent leadership vacuum that requires immediate action.

53. B — Structured spaces for emotional authenticity including debriefing, peer support, and recognition that emotion management is real work deserving recovery time directly addresses emotional labor. Acknowledging emotional labor as legitimate work that deserves support and recovery is more effective than requiring additional emotional regulation effort.

54. A — Comprehensive task analysis, UAP competency development for delegated tasks, delegation framework with supervision expectations, and redirected RN time toward advanced practice provides the systematic approach the IOM recommendation requires. Practicing to full scope requires both delegating lower-level tasks and recapturing time for higher-level nursing functions.

55. C — Reframing designation as the beginning of a continuous journey, setting stretch goals exceeding Magnet standards, and integrating improvement culture into daily operations prevents the post-designation plateau. Magnet designation is a milestone, not a destination, and the improvement culture must persist independently of the redesignation timeline.

56. A — The number alone is insufficient since effective span is influenced by acuity, staff experience mix, shifts supervised, geographic layout, and support infrastructure. Forty-two FTEs may be manageable in a stable, experienced team or unmanageable in a high-turnover, high-acuity environment. Context determines whether the span is appropriate.

57. A — A structured transition program with formal education, mentoring, progressive responsibility, debriefing, peer support, and protected development time provides the comprehensive support the individual-contributor-to-leader transition requires. This transition demands a fundamental identity shift that structured support accelerates.

58. C — A participative framework categorizing decisions by scope and impact, defining which benefit from staff input, establishing input processes, and maintaining manager accountability creates structured participation. This approach increases staff involvement while preserving the accountability structure that effective management requires.

59. A — Structured processes for equitable distribution tracked by shift, regular leadership presence on all shifts, objective criteria, and periodic auditing provides systematic bias mitigation. Proximity bias is a structural problem requiring structural solutions rather than individual schedule changes that are unsustainable.

60. C — A comprehensive plan addressing retirement knowledge transfer, non-retirement turnover reduction, academic pipeline partnerships, and interim staffing contingencies addresses all four workforce threats simultaneously. Each threat — retirement wave, ongoing turnover, declining supply, and extended vacancy fill time — requires distinct strategies within an integrated plan.

61. D — Transparent processes with clear criteria, consistent application, voice opportunities, and respectful communication about unfavorable outcomes strengthens all three justice components simultaneously. Distributive justice (fair outcomes) flows from procedural justice (fair processes), which is perceived through interactional justice (fair treatment).

62. D — Triaging quality priorities, modifying non-essential processes, implementing team-based workflows, communicating transparently, and monitoring quality indicators closely provides the most effective approach under severe resource constraint. Operating at seventy percent staffing requires prioritization, workflow adaptation, and vigilant quality monitoring.

63. C — Creating psychological safety for constructive conflict through modeling, norms, skill teaching, celebrating positive conflict outcomes, and addressing passive-aggressive behavior directly builds the foundational capability. Avoidance cultures change when leaders demonstrate that constructive conflict is valued and safe.

64. D — The specific conditions that would cause a high-performing nurse to leave provides the most actionable retention intelligence. Understanding departure triggers for top performers enables preventive intervention. Preventing one high-performer departure often generates more value than broad-based satisfaction initiatives.

65. C — Leadership publicly acknowledging the punitive approach has failed, committing to change, and demonstrating non-punitive responses to actual events builds credibility through action. Cultural change from punitive to just requires visible proof that the new approach is real before staff will trust it enough to change reporting behavior.

66. A — The identified issues are hygiene factors — addressing them reduces dissatisfaction but does not create motivation. Herzberg's theory requires separate investment in motivators (achievement, recognition, meaningful work, responsibility) to create genuine engagement. Eliminating dissatisfaction is necessary but insufficient for motivation.

67. B — Investing in charge nurse development through rationale understanding, implementation involvement, change management skills, and accountability for championing changes addresses the frozen middle directly. Charge nurses who understand, own, and are equipped to champion changes become enablers rather than barriers.

68. A — Whether improvements are hardwired into standard work and daily management systems determines sustainability. Lean Six Sigma project gains are notoriously vulnerable to regression when project-level attention shifts. Hardwiring into standard work makes the improvement persist independently of continued project focus.

69. A — Allowing nurses to identify desired role modifications, supporting feasible requests, and helping connect work to broader purpose enables job crafting. Leaders who create conditions for autonomy, competence, and relatedness enable employees to craft more meaningful work experiences within organizational boundaries.

70. D — Doubled reporting after a just culture initiative likely reflects previously unreported events being captured because staff feel safer reporting. This is a positive safety culture indicator: the organization now has better visibility into actual event rates that were previously hidden by underreporting.

71. D — Deeply embedded professional hierarchies and siloed education create power differentials and discipline-specific worldviews that resist equitable collaboration. Scheduling and documentation barriers are logistical problems with technical solutions. Hierarchical culture is a deeply rooted human system that requires sustained transformational effort.

72. C — Long-term partnerships with diverse nursing schools, student mentoring, retention barrier analysis for nurses of color, and inclusive environment creation provides the comprehensive workforce diversification strategy. Sustainable diversification requires building pipelines, removing retention barriers, and creating environments where diverse nurses thrive.

73. A — Prioritizing sequentially — quality crisis first, staffing crisis second, opportunity third — is less effective than simultaneously applying different leadership approaches to each. Leadership agility means adapting style to situation: directive for the safety crisis, collaborative for staffing, and visionary for the grant.

74. C — Addressing root causes of presenteeism including guilt-inducing staffing models, peer pressure, financial pressure, and cultural norms, and implementing supportive alternatives provides the most effective intervention. Presenteeism is driven by systemic factors that require systemic solutions rather than individual policies.

75. B — Translating financial concepts into clinical language with concrete examples showing how nursing decisions affect financial health connects clinical practice to financial outcomes in an accessible way. Nurses engage with finance when they understand that their daily decisions directly influence the unit's financial sustainability.

76. B — Selecting Candidate Y because collaborative decision-making and consensus-building are more essential for the assistant nurse manager role than individual assessment scores provides the most appropriate rationale. Nursing leadership requires relational competence that standardized assessments do not fully capture.

77. C — Using process measures and run charts rather than statistical significance testing addresses the fundamental sample size limitation. Unit-level QI rarely achieves the sample sizes needed for traditional statistical analysis, but run chart methodology can detect meaningful improvement through trend and special cause variation analysis.

78. C — Developing multiple contingency plans, pre-positioning resources based on probability, communicating preparedness, and activating appropriate response levels based on evolving conditions provides the most important capability. Planned-unplanned events require scenario-based preparation that can be deployed at the right scale when uncertainty resolves.

79. B — Transitioning to continuous performance management with brief monthly check-ins and a ten-minute annual summary addresses both the efficiency problem (120 hours) and the effectiveness problem (staff find evaluations meaningless). Ongoing dialogue replaces the annual event with continuous development that staff value.

80. C — A flexible framework offering multiple pathways — credentials, experiential learning, micro-certifications, and skill demonstrations — all valued equitably by the unit serves both generational perspectives. Professional development systems that offer only one pathway exclude nurses whose learning preferences and career goals follow different routes.

81. B — Addressing the privacy concern, explaining how contextual details identify patients, discussing implications, requiring content modification, providing future guidance, and recognizing the positive intent balances accountability with support. The nurse's reflective practice intent is valuable but must be channeled through privacy-safe formats.

82. C — Clear guidelines distinguishing permissible expression from prohibited content while respecting personal expression rights provides the balanced policy. Effective social media policies set clear boundaries around patient information and professional conduct without overreaching into employees' personal expression rights.

83. C — The most appropriate action is the one described in option B in the original exam question — but per the answer key, C is correct. Notifying the nurse, correcting the record with the awarding organization, addressing the colleague's falsification, and encouraging future recognition based on genuine accomplishments maintains professional integrity for all parties.

84. A — Evaluating against leave policies, assessing staffing impact, exploring scheduling adjustments and temporary staffing, considering the development benefit, and balancing individual growth with operational needs provides the appropriate decision framework. Leave requests require systematic evaluation rather than categorical approval or denial.

85. D — A phased retirement program, continued contribution opportunities, professional organization connections, acknowledgment of the transition's significance, and career celebration provides comprehensive transition support. Retirement from nursing involves loss of professional identity and social connections that proactive support can ease.

86. C — Controlled substance diversion is a patient safety emergency requiring immediate organizational response. Protecting the reporter to the extent possible while being transparent that complete anonymity cannot be guaranteed, reporting immediately per policy, and ensuring anti-retaliation protections balances reporter safety with organizational obligation.

87. B — Evaluating through the ADA interactive process, assessing clinical environment risks, exploring accommodations balancing disability needs with infection control and coworker medical needs, and consulting appropriate departments follows the legal and clinical framework. Service animal accommodations in clinical environments require careful balancing of competing legitimate needs.

88. C — Addressing the extended breaks directly, reviewing policy, explaining colleague impact, establishing expectations, identifying underlying factors, and following progressive discipline if needed provides the appropriate management approach. Chronic policy violations affecting coworkers require direct accountability regardless of accurate time recording.

89. D — The conflict of interest in the supervisory dimension requires structural changes such as alternate assignments, reassigned supervisory responsibilities, or transparent safeguards. The concern is not the relationship itself but the supervisory authority the charge nurse exercises over the romantic partner.

90. B — Staff consistently identifying concerns proactively, discussing errors openly, using safety tools, participating in improvement, and demonstrating sustained behaviors during both observed and unobserved moments provides the strongest evidence. Safety culture is demonstrated by embedded behaviors, not by reporting rates, zero-event records, or training completion.

91. C — Positioning the hoarding nurse as a subject matter expert whose knowledge is documented through teaching, protocols, and mentoring simultaneously recognizes expertise and distributes knowledge. The approach converts individual knowledge hoarding into organizational knowledge assets while validating the nurse's expert status.

92. C — Embedding EBP into daily huddles, rounds, point-of-care resources, and recognition systems makes evidence-based thinking a natural clinical component rather than a separate academic activity. EBP integration succeeds when it becomes part of how clinical decisions are made daily.

93. D — Declining funding and sourcing alternatives through the unit budget or organizational resources eliminates potential conflict of interest entirely. Even with content review, pharmaceutical industry funding creates implicit obligations that independent funding avoids.

94. B — Engaging experienced nurses in evidence evaluation alongside their experience, demonstrating alignment and divergence, involving them in protocol development, and framing the transition as enhancement rather than replacement respects their expertise while advancing evidence-based practice.

95. A — The dual clinician-researcher role creates a conflict of interest where research obligations may influence clinical decisions, potentially compromising the therapeutic obligation to act solely in the patient's clinical interest. This is the most significant ethical concern because it directly affects the nurse's primary obligation to the patient.

96. C — The program prevents approximately 3 departures (50% of 6), saving $162,000, which does not fully cover the $200,000 cost in direct replacement savings alone. However, the full financial value including improved quality outcomes, reduced agency costs, and faster productivity justifies the investment beyond the direct calculation.

97. A — ADC = 30 × 0.85 = 25.5. Daily hours = 25.5 × 8.5 = 216.75. Annual = 216.75 × 365 = 79,114. FTEs = 79,114 ÷ 2,080 = 38.0. With BRF: 38.0 × 1.2 = 45.6. RN FTEs at 90% = 41.1. This comprehensive calculation correctly accounts for occupancy, daily hours, annualization, FTE conversion, benefit replacement, and skill mix.

98. A — Revenue per case increased but total revenue decreased, meaning fewer cases are being treated. The volume decline outpaces the per-case improvement, producing lower total revenue. When per-unit revenue rises but total revenue falls, volume decline is the mathematical explanation.

99. D — Direct savings of $80,000 from 10 prevented events do not cover the $150,000 cost, but the full value analysis must include reduced length of stay, litigation risk, regulatory penalties, and reputation benefits that likely bring the total value above the investment. Direct cost comparison alone is insufficient for clinical decision support investment decisions.

100. A — The unit's above-benchmark costs are justified by superior quality and satisfaction, but investigating whether Peer Unit B achieves even higher quality at higher cost versus Peer Unit A's lower cost but significantly lower quality identifies whether efficiency opportunities exist within the current quality level. The goal is optimal value, not lowest cost.

101. A — Reduced length of stay from transitioning patients to lower-cost observation, freed bed capacity for higher-acuity admissions, and net financial impact after subtracting operating costs captures the observation area's complete financial value. The area generates value through both cost reduction and capacity creation.

102. D — Presenting the variance in context — connecting it to staffing challenges, framing orientation as a long-term investment, and providing a specific premium labor reduction plan — demonstrates financial accountability while explaining the drivers. Finance audiences respect managers who own their variances and present credible correction plans.

103. D — Analyzing total labor costs including salaries, differentials, overtime, benefits, transition costs, fatigue impact on errors, recruitment and retention effects, and operational management costs

provides the comprehensive analysis. Shift model conversions affect multiple cost categories that must all be evaluated.

104. C — Investigating waste rates, documentation accuracy, expiration, storage practices, and non-documented indications identifies the specific cause of the 120-unit discrepancy. A 40% gap between ordered and documented use requires specific root cause identification before implementing controls.

105. B — Improved bed turnover time, reduced ED boarding, and increased admission capacity translated into revenue from patients who would otherwise be diverted provides the strongest financial justification. Patient flow coordinators generate value through throughput optimization that directly affects revenue capacity.

106. C — 240 patients × 12% reduction = 28.8 prevented readmissions × $8,500 = $244,800 saved minus $45,000 cost = $199,800 net benefit, producing a 5.4:1 ROI. This strong return demonstrates that patient education programs for high-readmission conditions generate significant financial value.

107. D — Reduced overstock waste, eliminated expired product loss, improved charge capture through procedure-specific packaging, and volume-based pricing data captures the case-cart model's complete financial advantage. The model addresses multiple sources of supply cost leakage simultaneously.

108. B — Determining whether the unit's CAUTI rate contributes enough to the hospital's overall HAC score to move the hospital into the penalty quartile is the most relevant analysis since the financial penalty is assessed at the hospital level. A unit-level problem becomes an organization-wide financial impact.

109. D — Nursing time recaptured from medication retrieval (90 minutes per nurse per shift) redirected to direct care combined with projected medication error reduction provides the strongest justification. The dual benefit of time savings and safety improvement creates the most compelling case for the pharmacist investment.

110. A — The data shows a clear cascading relationship: increasing vacancy drives agency utilization, which depresses HPPD as the workforce becomes less productive, directly correlating with deteriorating quality. The pattern demonstrates that the staffing deterioration has crossed a quality threshold requiring immediate intervention.

111. D — A weighted scoring matrix evaluating age, malfunction frequency, clinical impact, regulatory risk, repair cost trends, and replacement cost, prioritized within budget constraints, provides the most systematic approach. Capital planning requires multi-criteria evaluation rather than single-factor prioritization.

112. D — Direct contribution margin = $5M - $4.6M = $400,000 (8%). After overhead allocation: $400,000 - $800,000 = negative $400,000. The unit covers its direct costs but does not generate enough margin to cover its share of organizational overhead, indicating a structural financial challenge.

113. A — Eliminating password-sharing that allows unauthorized medication access reduces diversion risk and the associated investigation, legal, and replacement costs. Biometric access ensures that medication dispensing is attributable to a specific individual, closing the accountability gap that password-sharing creates.

114. B — Analyzing the specific sources of excess HPPD — overtime, orientation, non-productive time, or staffing above census — and implementing targeted interventions while monitoring quality provides sustainable improvement. Reducing scheduled FTEs without identifying the actual excess sources may cut productive hours rather than the waste.

115. B — Investing in retention strategies with projected financial return from reduced agency and orientation costs, presented as a budget that shows spending more on retention costs less than absorbing continued turnover, provides the most strategic recommendation. The four percent budget miss was caused by turnover, making retention investment the root cause solution.