

PRACTICE EXAM 6 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager is leading a rapid response to a viral social media post by a patient's family member that criticizes the unit's care. The post has been shared thousands of times and local media outlets are requesting comment. Staff members are upset and some want to respond publicly. Which action should the nurse manager take FIRST?

- A. Allow staff to respond individually on personal social media to correct factual inaccuracies in the post
- B. Hold an emergency staff meeting to discuss the social media post and develop a unified response
- C. Contact the family directly and request that they remove the post while the hospital investigates their concerns
- D. Direct all staff to refrain from responding publicly, notify the public relations department and risk management, investigate the care concerns raised, and support affected staff

2. A nurse manager is implementing a telehealth followup program for postdischarge patients. Nurses will conduct video assessments within fortyeight hours of discharge. Several nurses express concern that they cannot adequately assess patients through a video screen. Which approach is MOST appropriate?

- A. Develop a telehealthspecific assessment protocol identifying which elements can be reliably assessed via video, which require patient selfreporting, and which necessitate an inperson visit, and train staff on virtual clinical assessment skills
- B. Hire dedicated telehealth nurses already experienced with virtual assessment and assign them exclusively to the program
- C. Delay the telehealth program until technology improves to the point where virtual assessments are equivalent to inperson evaluations
- D. Implement the program using telephone calls only instead of video since nurses are more comfortable with phone assessments

3. A nurse manager discovers that a staff nurse has been sending patient families her personal cell phone number so they can contact her directly after her shift ends. Several families have called her at home about clinical concerns. Which response is MOST appropriate?

A. Commend the nurse for dedication and suggest she limit personal calls to patients she has been directly assigned

B. Allow the practice to continue but require the nurse to document all afterhours communications in the medical record

C. Acknowledge the nurse's commitment while explaining the professional boundary, liability, and continuity risks, redirect families to appropriate organizational resources, and establish expectations

D. Report the nurse to risk management since providing personal contact information creates significant organizational liability

4. A nurse manager is preparing to communicate a new organizational policy requiring annual influenza vaccination or surgical mask wearing during flu season. Several nurses object on personal grounds and have organized a petition. Which communication approach is MOST effective?

A. Present the petition to senior leadership and advocate for an exemption process accommodating personal objections

B. Enforce the policy without discussion since vaccination policies are organizational decisions not requiring unit-level debate

C. Present the evidence supporting the policy, acknowledge staff concerns, clearly explain the exemption and masking alternative, address misconceptions, and maintain a firm position that the policy will be implemented

D. Delay implementation on the unit until petition signers have met with the chief medical officer to discuss their concerns

5. A nurse manager is managing a situation where a patient with limited English proficiency has signed a surgical consent form. The nurse who obtained consent used the patient's twelve-year-old child as an interpreter instead of the hospital's professional interpreter service. Which action should the nurse manager take FIRST?

- A. Document the use of the child interpreter and notify the surgeon that consent may need to be reobtained
- B. Counsel the nurse about the requirement to use professional interpreters and add interpreter use to the next education agenda
- C. Report the consent process to compliance since using a minor as a medical interpreter may violate federal language access regulations
- D. Immediately arrange for a certified interpreter to reassess the patient's understanding and reobtain informed consent if comprehension is inadequate, then address the practice issue with the nurse

6. A nurse manager is working to establish a partnership between the hospital and a local federally qualified health center to improve care transitions for underserved patients. Which action is MOST strategic for initiating the partnership?

- A. Send a formal letter to the health center director proposing the partnership and outlining the hospital's expectations
- B. Present data on ED utilization by the health center's patients to hospital leadership and request approval before contact
- C. Identify a shared concern such as preventable readmissions, invite the health center's leadership to a joint meeting, and collaboratively develop a proposal addressing mutual goals
- D. Hire a community health worker to serve as a liaison and allow the relationship to develop organically over time

7. A nurse manager receives a complaint from a patient who identifies as nonbinary and reports that nursing staff repeatedly used incorrect pronouns despite the patient's stated preference being documented. Which response is MOST appropriate?

- A. Apologize to the patient, review the documentation process, and send a unitwide email reminding staff to check pronoun preferences
- B. Apologize and assure the patient that the offending staff will be disciplined for their failure to follow documentation

C. Acknowledge the patient's experience, apologize, ensure the preference is visible in all care interfaces, educate staff on genderaffirming language, and follow up with the patient to verify improvement

D. Explain that staff are accustomed to traditional pronouns and ask for patience as the team adjusts to new practices

8. A nurse manager is working with a multidisciplinary team to develop a behavioral health screening protocol for all medicalsurgical patients. The emergency physician argues that behavioral health screening should remain the psychiatric consultation service's responsibility. Which response is MOST appropriate?

A. Present evidence supporting universal behavioral health screening in acute care, explain the nurse manager's role in integrating screening into admission workflow, and propose a collaborative model where positive screens trigger psychiatric consultation

B. Defer to the emergency physician's recommendation since psychiatric assessment falls within the physician's scope

C. Implement the screening protocol without physician input since nursing assessment is within nursing scope

D. Escalate the disagreement to the CNO and CMO for resolution at the executive level

9. A nurse manager is preparing to deliver feedback to a highperforming nurse who has developed a pattern of undermining newer colleagues through subtle incivility including eyerolling, dismissive comments about orientee questions, and excluding new staff from social gatherings. Which approach is MOST effective?

A. Address the specific behaviors directly, explain how they constitute incivility that undermines team cohesion and retention, discuss the impact, establish expectations for inclusive behavior, and monitor

B. Ignore the subtle behaviors since they do not meet the threshold for formal disciplinary action

C. Ask the newer colleagues to develop resilience and understand that experienced nurses sometimes struggle with welcoming new members

D. Transfer the newer colleagues to shifts where they do not overlap with the highperforming nurse

10. A nurse manager is facilitating a family conference for a patient whose family members speak different languages. The patient speaks Spanish, the adult daughter speaks English, and the son speaks Mandarin. Which arrangement is MOST appropriate?

- A. Conduct the conference in English and ask the daughter to interpret for the patient and son
- B. Arrange for certified interpreters in both Spanish and Mandarin, and use the Englishspeaking daughter as a family participant rather than an interpreter
- C. Conduct two separate conferences — one in Spanish with the patient and one in English with the daughter
- D. Use a telephone interpreter line for Spanish and Mandarin simultaneously and conduct the meeting in English

11. A nurse manager is working with the infection prevention team during an active norovirus outbreak on the unit. Eight patients and three staff members have been affected. Admissions have not been restricted. Which recommendation is MOST appropriate?

- A. Recommend temporary closure to new admissions until the outbreak is contained, implement enhanced cleaning, cohort affected patients, and restrict affected staff from patient care until symptomfree for the required period
- B. Continue admissions but place all new patients on contact precautions as a preventive measure
- C. Request that infection prevention take over all clinical decisions regarding placement and staffing until the outbreak ends
- D. Allow the outbreak to run its course while maintaining standard precautions since norovirus is selflimiting

12. A nurse manager observes that a physician regularly conducts sensitive conversations about diagnosis and prognosis with patients in the hallway where others can overhear. Which action is MOST appropriate?

- A. Document the HIPAA violations and report them to the compliance department for formal investigation
- B. Approach the physician privately, express concern about patient privacy and dignity, offer to help identify appropriate private spaces, and collaborate on a solution
- C. Instruct nursing staff to intervene whenever they observe hallway conversations and redirect the discussion
- D. Post signage throughout the hallways reminding providers that sensitive information should be discussed privately

13. A nurse manager is developing a communication plan for a unitwide transition to a new patient-controlled analgesia protocol. The protocol involves new pump technology, different concentration standards, and revised monitoring parameters. Which strategy is MOST comprehensive?

- A. Send a detailed email outlining protocol changes and attach the pump manufacturer's instruction manual for selfreview
- B. Schedule a single mandatory training session before the go-live date to ensure universal exposure
- C. Implement a phased plan including early notification, progressive education through simulation labs and hands-on practice, competency validation before go-live, superuser designation for real-time support, and postimplementation monitoring
- D. Assign the unit educator to train charge nurses who will cascade the training to their shift teams informally

14. A nurse manager is addressing a pattern where staff nurses routinely defer complex family communication to the charge nurse rather than handling it themselves. The charge nurse reports feeling overwhelmed. Which action is MOST appropriate?

- A. Require all staff nurses to handle their own family communication without exception and eliminate the charge nurse role in this function
- B. Hire a patient relations representative to manage all complex family communications

C. Assess why staff nurses are deferring, provide targeted education on difficult conversation skills, establish expectations for bedside nurse communication responsibilities, support staff through coaching, and redefine the charge nurse role as a resource rather than substitute

D. Accept the pattern since charge nurses are expected to handle complex situations as an appropriate use of their role

15. A nurse manager is implementing structured interdisciplinary bedside rounding. During the first week, patients report feeling overwhelmed by the number of people in their room and confused about who is leading the conversation. Which adjustment is MOST appropriate?

A. Reduce the rounding team to physician and nurse only and communicate with pharmacy and case management outside the room

B. Introduce each team member's role, designate one lead communicator per patient encounter, invite patient questions, and limit the interaction to a defined timeframe

C. Continue the current format and allow patients to adjust over the course of their hospitalization

D. Implement a schedule where each discipline visits separately at designated times rather than simultaneously

16. A nurse manager receives feedback that a recently hired travel nurse has been making negative comparisons between the unit and her previous assignment, stating publicly that the current unit's practices are inferior. Staff morale has been affected. Which action is MOST appropriate?

A. Meet privately with the travel nurse, acknowledge that she may have valuable perspectives, explain the impact of negative comparisons on team morale, establish expectations for constructive communication, and invite improvement ideas through appropriate channels

B. Report the travel nurse to the staffing agency and request a replacement compatible with the unit culture

C. Allow the comments to continue since travel nurses have temporary assignments and addressing the behavior may not be worth the effort

D. Address the behavior publicly during the next staff meeting to demonstrate that negative comparisons are not tolerated

17. A nurse manager is developing a patient engagement strategy. Current Patient Activation Measure data shows fiftyeight percent of patients score in the lowest two levels, indicating limited selfmanagement confidence. Which intervention is MOST likely to improve activation?

- A. Distribute comprehensive written education materials about each patient's diagnosis upon admission
- B. Implement motivational interviewing training for nursing staff and require continuing education certification
- C. Integrate patient activation assessment into admission, tailor education and coaching to each patient's activation level, use teachback and goalsetting, and involve patients as partners in care planning
- D. Assign a dedicated patient educator to conduct daily education sessions with each patient and family

18. A nurse manager is working to improve nursetonurse handoff communication. A timemotion study shows nurses spend an average of eight minutes per patient during handoff with six patients per nurse, totaling fortyeight minutes per shift. The target is thirty minutes. Which approach is MOST effective?

- A. Standardize the handoff using a structured framework that eliminates redundant information already in the EHR, focuses on critical active issues and anticipated needs, and reserves detailed discussion for highacuity patients
- B. Eliminate verbal handoff entirely and require incoming nurses to review the EHR independently
- C. Limit verbal report to the three highestacuity patients and use chart review for stable patients
- D. Set a strict threeminute limit per patient and enforce through charge nurse monitoring

19. A nurse manager is facilitating a conversation between a hospitalist and a staff nurse who disagree about a patient's discharge readiness. The hospitalist wants sameday discharge while the nurse believes the patient has not demonstrated insulin selfmanagement competency. Which approach is MOST effective?

- A. Support the hospitalist since discharge timing is a medical decision within the physician's scope
- B. Support the nurse's recommendation since patient safety concerns should override discharge pressure

C. Facilitate a structured discussion focusing on specific discharge readiness criteria, the patient's demonstrated selfmanagement capability, and available alternatives such as home health or extended education before the final decision

D. Involve the case manager to determine whether insurance will cover an additional hospital day

20. A nurse manager is addressing a situation where night shift staff report feeling disconnected from the unit's culture. Day shift staff participate in quality initiatives, governance, and celebrations while night shift rarely has access. Which approach is MOST equitable?

A. Restructure governance meetings, quality activities, and events to include nightshiftaccessible formats, create nightshiftspecific councils and recognition, ensure leadership visibility during nights, and develop asynchronous participation methods

B. Require night shift nurses to attend day shift meetings at least twice per quarter

C. Record all day shift meetings and post recordings for night shift review

D. Accept that some degree of night shift disconnection is inherent in the scheduling model

21. A nurse manager is working to improve scores on the HCAHPS question "how often did nurses listen carefully to you." Which intervention targets the specific behavior measured?

A. Implement active listening training including sitting at eye level, avoiding interruptions, reflecting back what the patient says, and allowing silence for the patient to express concerns

B. Increase nurse rounding frequency to every hour so patients have more interaction opportunities

C. Assign each patient a primary nurse for the duration of the stay for continuity and deeper relationships

D. Post the unit's HCAHPS listening scores in the break room and discuss them at each staff meeting

22. A nurse manager is dealing with complaints from Spanishspeaking patients alleging staff rudeness. Investigation reveals the perceived rudeness stems from cultural communication differences — nurses' direct, efficient style is interpreted as cold and disrespectful. Which approach is MOST comprehensive?

- A. Provide staff with customer service scripts translated into Spanish that convey warmth and respect
- B. Implement cultural humility education focusing on the patient population's communication norms, adjust approaches to incorporate culturally valued elements such as personalismo, and engage cultural liaisons from the community
- C. Assign Spanishspeaking nurses exclusively to Spanishspeaking patients to eliminate the crosscultural barrier
- D. Increase interpreter availability and require use for all interactions with Spanishspeaking patients

23. A nurse manager is developing a crisis communication plan for the unit covering active shooter events, mass casualty incidents, pandemic surges, and severe weather. Which element is MOST critical?

- A. A comprehensive manual covering every emergency scenario with stepbystep instructions for each situation
- B. A clear chain of communication identifying who communicates what to whom, through which channels, with backup procedures, practiced through regular drills
- C. A designated crisis spokesperson who will be the sole point of contact for all communications during any emergency
- D. Prewritten template messages for each scenario that can be distributed without modification

24. A nurse manager notices a physical therapist consistently documents functional assessments that contradict nursing findings. For example, PT documents independent ambulation while nursing documents the patient requires assistance. The discrepancy creates discharge planning confusion. Which action is MOST appropriate?

- A. Meet with the physical therapist to compare assessment methodologies, identify the source of discrepancies, develop shared definitions of functional terms, and establish a reconciliation process
- B. Defer to the physical therapist's assessments since mobility assessment falls within PT's primary scope
- C. Instruct nursing to adopt the physical therapist's terminology to eliminate discrepancies

D. Report the discrepancies to the quality department and request a formal audit of both disciplines

25. A nurse manager is working to improve call light response time from the current sixminute average to the threeminute organizational target. Staffing is adequate during high call light volume periods. Which intervention is MOST likely to reduce response time?

A. Purchase a new call light system with escalation technology that pages additional staff when response exceeds three minutes

B. Implement a punitive system tracking individual nurse response times and reporting delays to the manager

C. Hire additional nursing assistants dedicated to call light response

D. Analyze the reasons patients use call lights, implement proactive rounding to anticipate needs before patients call, streamline the response workflow, and establish a tiered response system

26. A nurse manager is coaching a charge nurse who takes over tasks from struggling staff rather than teaching them. The charge nurse explains that doing it herself is faster and ensures patient safety. Which coaching approach is MOST effective?

A. Explain that the charge role requires developing others, validate the safety concern while reframing it as a longterm risk

B. Provide an acuity tool that identifies struggling nurses and reduces their patient load until competency improves

C. Acknowledge the commitment to safety, discuss consequences of staff dependence, collaboratively develop strategies for teaching in real time without compromising safety, and practice these techniques

D. Remove the charge nurse's patient assignment so she has dedicated time for teaching struggling staff

27. A nurse manager must communicate to staff that a wellloved colleague has died unexpectedly. Which communication approach is MOST appropriate?

- A. Gather the team, deliver the news with compassion, allow time for emotional reaction, provide immediate access to grief counseling and employee assistance, and plan a structured debriefing
- B. Send a unitwide email informing staff and including grief counseling resources
- C. Ask each shift's charge nurse to inform their teams privately and offer support
- D. Wait until the next scheduled staff meeting to announce the death so all staff hear simultaneously

28. A nurse manager is establishing a partnership with community health to address a fortytwo percent thirtyday readmission rate from a specific zip code compared to the eighteen percent hospital average. Which collaborative action is MOST targeted?

- A. Present the data to executive leadership and request additional discharge planning resources for patients from the affected area
- B. Conduct a joint assessment with community health to identify specific barriers to postdischarge selfmanagement in the target community, and codevelop interventions addressing identified social determinants such as pharmacy access, transportation, and housing
- C. Implement a standardized thirtyday telephone followup for all patients from the affected zip code
- D. Request case management assign a dedicated case manager to patients from the identified zip code

29. A nurse manager is addressing resistance from senior medical staff to a nurseinitiated sepsis screening protocol. Physicians argue nurses lack diagnostic training and that falsepositive screenings will result in unnecessary workups. Which response is MOST effective?

- A. Implement the protocol as a nursing practice initiative and inform physicians that nursedriven screening is within nursing scope
- B. Abandon the nurseinitiated protocol and propose that physicians conduct sepsis screening during their daily assessments
- C. Request that the CMO mandate physician cooperation as a patient safety requirement

D. Present peerreviewed evidence on nurseinitiated sepsis screening outcomes including sensitivity and specificity data, address the falsepositive concern with protocol specificity metrics, propose a collaborative validation period with physician oversight, and track outcomes jointly

30. A nurse manager is informed that the hospital will transition to a closedloop medication administration system integrating barcode scanning, smart pump technology, and realtime clinical decision support. Which implementation risk is MOST critical to address?

A. Increased medication costs associated with the technology investment

B. The learning curve for older nurses less comfortable with technologyintensive workflows

C. The risk that nurses may develop overreliance on technology and reduce independent clinical verification, creating vulnerability when technology fails

D. The vendor may not provide adequate training materials during the transition

31. A nurse manager reviews unit quality data for two consecutive quarters:

| Indicator | Q1 | Q2 | Benchmark |

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| Falls/1,000 PD | 3.2 | 2.1 | 2.5 |

| CAUTI/1,000 CD | 1.8 | 2.4 | 1.5 |

| CLABSI/1,000 CLD | 0.6 | 0.4 | 0.8 |

| HAPI/1,000 PD | 1.2 | 1.0 | 1.0 |

Which indicator requires the MOST urgent intervention?

A. Falls, because the Q1 rate was significantly above benchmark despite Q2 improvement

- B. CAUTI, because it is the only indicator trending in the wrong direction and worsening above an already unfavorable benchmark
- C. CLABSI, because any central line infection represents a significant safety event regardless of favorable benchmarking
- D. HAPI, because despite reaching benchmark in Q2, the trajectory suggests the unit may not sustain improvement

32. A nurse manager is participating in the hospital's Community Health Needs Assessment. The top three community needs identified are food insecurity, lack of transportation, and limited primary care access. Which action is MOST appropriate at the unit level?

- A. Present findings to staff and encourage greater empathy toward patients affected by social determinants
- B. Propose the hospital build a primary care clinic in the affected community
- C. Integrate screening for food insecurity, transportation barriers, and primary care access into admission and discharge workflows, and establish referral pathways to community resources
- D. Forward the assessment to case management and request they develop discharge resources addressing the identified needs

33. A nurse manager's unit has been selected to pilot a model where RNs collaborate with community health workers who follow patients from hospital to home. Which element is MOST critical before launching?

- A. Hire community health workers with prior hospital experience for effective clinical communication
- B. Establish clear role definitions, communication protocols, scope of practice boundaries, supervision structures, and documentation standards for the collaborative model
- C. Train community health workers to perform basic clinical assessments for detailed patient information during home visits
- D. Limit the pilot to patients within a five-mile radius to minimize travel time and maximize home visits

34. A nurse manager is reviewing unit performance on a CMS measure requiring patients discharged with a primary psychiatric diagnosis to receive outpatient followup within seven days. Current compliance is fortythree percent. Which intervention is MOST effective?

A. Collaborate with the behavioral health team to develop a comprehensive discharge workflow including scheduling outpatient appointments before discharge, transitional care coordination, patient education, barrier assessment, and a mechanism for confirming attendance

B. Implement a tracking system that monitors compliance and reports noncompliant cases to the outpatient clinic

C. Extend the average length of stay for psychiatric patients by one day for additional discharge preparation time

D. Request utilization management take responsibility since tracking postdischarge appointments falls outside the inpatient scope

35. A nurse manager is informed that the organization is implementing a hospitalathome program. The nurse manager's unit will handle remote monitoring and care coordination. Which competency is MOST critical for nursing staff to develop?

A. Expertise in home health regulations since hospitalathome is subject to home health licensing requirements

B. Proficiency in smart home technology installation and troubleshooting for remote monitoring devices

C. Familiarity with insurance billing codes for hospitalathome encounters for reimbursement documentation

D. Advanced clinical assessment skills for remote patient evaluation including identifying deterioration through telehealth technology, escalation protocols, and coordination with inhome support teams

36. A nurse manager is reviewing the unit's Standardized Infection Ratio for CAUTI, which has been above 1.0 for three consecutive quarters. Which interpretation is MOST accurate?

- A. An SIR above 1.0 means the unit has more infections than predicted based on the national baseline, indicating performance below expected and requiring investigation
- B. An SIR above 1.0 means the infection rate is above one percent, the national acceptable performance threshold
- C. An SIR above 1.0 means the unit has improved compared to the previous year but has not reached the benchmark
- D. An SIR above 1.0 means the rate is statistically higher than comparable units within the same hospital system

37. A nurse manager is developing a process for managing patients with substance withdrawal on a medicalsurgical unit. Currently, withdrawal assessment and management protocols vary by provider with inconsistent monitoring guidance. Which action is MOST appropriate?

- A. Collaborate with pharmacy and medical teams to implement a standardized withdrawal assessment tool with evidencebased monitoring intervals, protocol-driven medication criteria, and escalation pathways for severe withdrawal
- B. Request all substance withdrawal patients be transferred to a dedicated detoxification unit
- C. Provide staff with a reference card listing withdrawal signs and symptoms and instruct them to contact the physician when symptoms appear
- D. Hire a substance use disorder specialist nurse to manage all withdrawal patients on the unit

38. A nurse manager is evaluating the unit's readiness for a geriatricfriendly care model. The patient population has a median age of seventyfour with high rates of delirium, falls, and functional decline during hospitalization. Which framework is MOST appropriate?

- A. The Coleman Transitions of Care Model focusing on patient selfmanagement during transitions between settings
- B. The Naylor Transitional Care Model using APRNs to coordinate care for highrisk older adults during transitions

C. The NICHE (Nurses Improving Care for Healthsystem Elders) model providing an evidencebased framework for geriatricfriendly nursing units including staff education, environmental modifications, and geriatric protocols

D. The PACE model providing comprehensive medical and social services for frail older adults

39. A nurse manager is informed that the organization will participate in the CMS Hospital Readmissions Reduction Program, which penalizes excess readmissions for heart failure, COPD, and pneumonia. Which unitlevel action is MOST impactful?

A. Focus improvement on all patients regardless of diagnosis since readmission strategies benefit every population equally

B. Implement conditionspecific discharge planning, patient education, and postdischarge followup for the penalized conditions, with attention to medication reconciliation, followup scheduling, and symptom management education

C. Request additional case management resources for every patient with a penalized condition

D. Transfer readmission reduction responsibility to the outpatient team since readmissions occur after the patient leaves

40. A nurse manager is evaluating clinical pathway compliance that is ninety percent for the first twentyfour hours but drops to fiftyfive percent by day three. Which analysis is MOST important?

A. The drop likely reflects normal variation as patients' conditions diverge from the standardized pathway

B. The compliance drop may be associated with changes in nursing assignment patterns affecting continuity

C. Investigate which pathway milestones are being missed on day three and identify the specific clinical and workflow factors contributing to the compliance decline

D. The decline indicates the pathway is poorly designed for longer stays and should be revised

41. A nurse manager is implementing an evidencebased early mobility protocol for communityacquired pneumonia patients requiring mobilization within twentyfour hours of admission. Nurses argue this is unsafe for acutely ill patients. Which response is MOST appropriate?

A. Defer to nursing concerns and extend mobilization to fortyeight hours until nurses are more comfortable

B. Present the evidence supporting early mobilization, address specific safety concerns with the protocol's inclusion and exclusion criteria, provide hands on training, and implement with a supportive monitoring framework

C. Mandate adherence and document noncompliance as a performance issue

D. Pilot with willing nurses and evaluate outcomes before requiring unitwide adoption

42. A nurse manager is developing a unit pandemic preparedness plan addressing staffing, supply management, patient flow, and communication during a sustained crisis. Which element is MOST critical?

A. Stockpiling a ninetyday PPE supply to ensure availability during the initial surge

B. Developing crosstraining protocols for noncritical care nurses to be rapidly deployed to critical care during surge

C. Establishing agency relationships in advance to ensure access to supplemental nurses during the pandemic

D. A scalable staffing model adjusting to increasing volumes and staff absences through role reassignment, modified ratios, crisis scheduling, and a tiered activation plan

43. A nurse manager reviews a Joint Commission audit revealing several patient rooms contain potential ligature points that have not been addressed. Which action should the nurse manager take FIRST?

A. Conduct an immediate risk assessment of all ligature points, prioritize remediation based on risk level, and implement interim safety measures for rooms that cannot be immediately modified

- B. Notify the Joint Commission directly and request guidance on remediation timelines
- C. Close the unit to new admissions until all ligature points are permanently eliminated
- D. Request funding for a complete unit renovation eliminating all potential ligature points

44. A nurse manager reviews the following staffing and outcome data:

Shift	HPPD	Falls	Med Errors	Pt Satisfaction
Day	9.2	0.8	0.3	87%
Evening	7.1	1.4	0.9	74%
Night	6.8	1.9	1.2	71%

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Day	9.2	0.8	0.3	87%
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Evening	7.1	1.4	0.9	74%
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Night	6.8	1.9	1.2	71%
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Which conclusion is BEST supported by the data?

- A. The day shift's higher staffing levels are excessive and resources should be redistributed to evening and night
- B. There is insufficient data to draw conclusions without controlling for patient acuity differences across shifts
- C. The variation in outcomes is expected based on natural differences in patient activity levels across shifts
- D. Evening and night shift staffing reductions correlate with worsened outcomes, and the manager should investigate whether increasing HPPD on these shifts would improve performance

45. A nurse manager is participating in a quality collaborative using the IHI Model for Improvement to reduce opioid-related adverse events. Which question should the team address FIRST?

- A. What change can we make that will result in improvement in opioidrelated adverse event rates
- B. What are we trying to accomplish, stated as a specific measurable aim for opioidrelated adverse event reduction
- C. How will we know that a change is an improvement compared to baseline rates
- D. Which PDSA cycle should we run first to test a potential change in the opioid administration process

46. A nurse manager is ensuring ADA compliance for a deaf patient requiring surgery the following morning. The consent process requires detailed explanation of risks, benefits, and alternatives. Which accommodation is MOST appropriate?

- A. Arrange for a certified ASL interpreter during the surgical consent discussion and for all significant clinical communications throughout the hospitalization
- B. Use the hospital's video remote interpretation service for the consent discussion since it provides immediate access
- C. Provide written description of the procedure and all risks, benefits, and alternatives in lieu of verbal consent
- D. Ask the patient's hearing family member to interpret since they understand the patient's communication preferences

47. A nurse manager reviews pain reassessment compliance data showing that reassessment after intervention occurs within the recommended timeframe only sixtytwo percent of the time. Which action is MOST effective?

- A. Implement a hardstop in the EHR preventing further documentation until pain reassessment is completed
- B. Integrate pain reassessment alerts into the EHR workflow prompting nurses at appropriate intervals, streamline the documentation process, provide education on clinical rationale, and monitor with realtime feedback
- C. Assign the charge nurse to audit compliance daily and provide immediate feedback to noncompliant nurses

D. Revise the policy to extend the reassessment timeframe since the current standard appears unrealistic

48. A nurse manager is developing a plan to reduce the unit's environmental impact as part of an organizational sustainability initiative. Which action is MOST appropriate as a starting point?

A. Conduct a waste audit to identify types and volumes of waste, engage staff in identifying reduction opportunities, and implement targeted interventions for highest volume categories

B. Request environmental services take the lead since waste management falls within their operational scope

C. Send a unitwide email encouraging staff to turn off lights and recycle as initial sustainability steps

D. Purchase only environmentally certified products regardless of cost differentials

49. A nurse manager evaluates unit performance on the Leapfrog Group's never events policy after a retained surgical sponge is discovered in a patient two days after a bedside procedure. Which action is MOST appropriate?

A. Discipline the circulating nurse responsible for the surgical count during the bedside procedure

B. Review the procedure's counting protocol documentation and identify process deviations contributing to the event

C. Implement a policy requiring all bedside procedures to be performed in the OR where counting protocols are more consistent

D. Conduct a thorough RCA investigation, identify systemlevel contributing factors, implement process changes to prevent recurrence, and comply with Leapfrog's disclosure and remediation requirements

50. A nurse manager is participating in the hospital's preparation for valuebased purchasing by improving HCAHPS performance. Which HCAHPS domain is MOST heavily weighted in the VBP patient experience scoring?

- A. Communication with nurses and communication with doctors, because these dimensions receive the highest individual weighting
- B. Cleanliness and quietness, because environmental factors most strongly predict overall satisfaction
- C. Discharge information and care transition, because these directly affect readmission rates
- D. Overall hospital rating and willingness to recommend, because these global measures capture the comprehensive experience

51. A nurse manager is applying the concept of "leader rounding on employees" as a retention and engagement strategy. Which approach is MOST effective?

- A. Conduct monthly formal meetings with each staff member using a standardized satisfaction questionnaire
- B. Use structured but conversational rounding to regularly ask what is working well, what barriers exist, who deserves recognition, and whether staff have needed tools, then visibly act on the feedback
- C. Walk the unit daily and engage in informal conversation about work and personal topics to build relationships
- D. Send quarterly electronic surveys and follow up individually with those reporting low satisfaction scores

52. A nurse manager leads a unit that consistently produces strong clinical outcomes but has the highest turnover rate in the organization. Exit interviews cite "I felt like a number" and "leadership only cared about metrics." Which leadership behavior change is MOST likely to address this?

- A. Increase staff recognition events and implement an employeeofthemoth program
- B. Reduce the number of quality metrics tracked so staff feel less measurement pressure
- C. Add a staff satisfaction metric to the unit dashboard to demonstrate wellbeing is valued alongside outcomes

D. Shift from a transactional approach focused primarily on metrics to one that includes genuine personal connection, individualized support, and visible investment in each staff member's growth and wellbeing

53. A nurse manager is applying complexity science to understand a persistent patient flow bottleneck. Traditional linear approaches have failed. Which complexity science concept is MOST applicable?

A. The issue likely has a single root cause not yet identified, requiring more thorough investigation

B. Simple causeandeffect should be replaced with standardized processes eliminating all variation

C. The bottleneck likely emerges from the dynamic interaction of multiple interdependent variables including staffing, acuity, discharge patterns, and interdepartmental workflows, requiring adaptive rather than linear solutions

D. The complexity indicates the problem cannot be solved at the unit level and must be escalated organizationally

54. A nurse manager is evaluating two proposals for reducing medication errors. Proposal A is a technology solution with strong evidence but high cost. Proposal B is a process change with moderate evidence and minimal cost. Budget allows only one. Which decision framework is MOST appropriate?

A. Select Proposal B since it can be implemented immediately at minimal cost and any safety improvement matters

B. Defer until additional budget allows both proposals to be implemented simultaneously

C. Select whichever proposal nursing staff prefers since buyin predicts implementation success

D. Evaluate both against criteria including evidence strength, projected error reduction, feasibility, costeffectiveness, sustainability, and staff acceptance, then select the option with the strongest overall profile

55. A nurse manager is addressing "quiet quitting" — nurses meeting minimum requirements but disengaging from discretionary effort, development, and team participation. Which approach is MOST likely to reengage them?

A. Investigate what is driving the disengagement through individual conversations, address systemic factors such as workload and recognition, rebuild connection to the unit's mission, and create opportunities for renewed purpose

B. Implement performance management for staff not meeting expectations for participation in unit activities

C. Accept quiet quitting as a generational trend and adjust expectations to align with the effort staff are willing to provide

D. Increase extrinsic rewards for staff who demonstrate discretionary effort to create incentive for the disengaged group

56. A nurse manager must select a new charge nurse from four internal candidates. Candidate A has the strongest clinical skills. Candidate B has moderate clinical skills but strong interpersonal abilities and demonstrated leadership in committee work. Candidate C has the most seniority. Candidate D has the strongest academic credentials. Which criterion should receive the GREATEST weight?

A. Clinical expertise since charge nurses must serve as the clinical resource for the team

B. Demonstrated leadership behaviors and interpersonal effectiveness since the charge role is primarily a leadership position requiring team management, communication, and decisionmaking

C. Seniority since understanding the unit's history and dynamics is essential for effective charge nurse performance

D. Academic credentials since graduate education provides the theoretical foundation for evidencebased leadership

57. A nurse manager is developing a burnout prevention strategy for a highstress ICU with a thirtyeight percent burnout rate compared to the twentyeight percent national average. Which approach is MOST comprehensive?

- A. Implement a multifaceted program addressing workload management, professional autonomy, social support, schedule flexibility, mental health access, meaningful recognition, and leadership support for selfcare
- B. Reduce the nurse to patient ratio from one to two to one to one during high acuity
- C. Implement mandatory mental health screening and require quarterly resilience workshops
- D. Rotate ICU nurses to lower acuity units periodically for recovery from emotional demands

58. A nurse manager is applying "positive deviance" to improve hand hygiene compliance. The unit's rate is seventy-five percent, but three nurses consistently achieve ninety-eight percent. Which application is MOST appropriate?

- A. Implement recognition publicly honoring the three nurses and creating competitive motivation
- B. Study the three high-performing nurses to understand what behaviors, routines, and environmental factors enable their compliance, then spread those practices to the rest of the team
- C. Assign the three nurses as hand hygiene monitors who observe and correct colleagues each shift
- D. Promote the three nurses to charge positions where they can model and enforce compliance

59. A nurse manager implemented a "no interruption zone" around medication preparation. After two weeks, compliance is low because nurses need to communicate about patient care during preparation. Which adjustment is MOST practical?

- A. Enforce the zone strictly through progressive discipline for violations
- B. Redesign the workflow to hold nonurgent communications until preparation is complete, create a visible signal system indicating when a nurse is in the zone, and establish a rapid communication protocol for urgent needs
- C. Abandon the concept since it is incompatible with communication-intensive nursing work
- D. Move medication preparation to a separate enclosed room where physical barriers prevent interruptions

60. A nurse manager is developing a plan to improve first-year nurse retention. Data shows that nurses who leave within the first year cite "reality shock" as a primary factor. Which intervention is MOST targeted?

A. Implement a structured transition-to-practice program including mentoring, progressive responsibility, clinical support, realistic job previews, peer cohort experiences, and regular check-ins during the first twelve months

B. Raise entry-level salaries to compensate new graduates for the difficulty of the transition

C. Extend classroom orientation from two to four weeks for additional theoretical preparation

D. Assign all new graduates to lower-acuity patients exclusively during their first year

61. A nurse manager must decide between two measurement approaches for CQI. Approach A uses outcome measures exclusively. Approach B uses structure, process, and outcome measures combined. Which provides the MOST actionable data?

A. Approach B, because process measures identify specific practices contributing to outcomes allowing targeted intervention, while structure measures confirm foundational resources are in place

B. Approach A, because outcomes are the ultimate quality indicators most valued by patients and regulators

C. Both are equally effective and the choice should be based on staff measurement familiarity

D. Approach A supplemented by periodic root cause analysis provides the most efficient framework

62. A nurse manager is leading a team through a period where the organization has announced a merger with a competing system. Staff are anxious about job security and productivity has declined. Which leadership priority is MOST important?

A. Focus on maintaining quality metrics since strong performance will protect the team during restructuring

B. Develop contingency plans for potential departures by identifying and crosstraining backup candidates

C. Reassure staff that their positions are safe even without official confirmation

D. Maintain transparent communication about what is known and unknown, provide emotional support, advocate for staff interests, and model stability through consistent leadership presence

63. A nurse manager is implementing a "safety champion" program where designated nurses serve as unit-level safety advocates each shift. Which role description is MOST appropriate?

A. A designated nurse who conducts realtime safety observations, promotes safety culture through peer engagement, facilitates nearmiss reporting, leads shift-level safety huddles, and escalates identified risks

B. A designated nurse responsible for documenting all safety events and submitting incident reports on behalf of the team

C. A designated nurse who monitors safety policy compliance and reports violations to the manager for disciplinary followup

D. A designated nurse who receives additional compensation for assuming the safety monitoring role each shift

64. A nurse manager evaluates a nurse-led discharge phone call program after six months. Readmission rates have not changed. Nurses report many patients do not answer or are hard to reach. Which action is MOST appropriate?

A. Discontinue the program since six months without improvement suggests it is ineffective

B. Continue unchanged for six more months since some interventions require longer timeframes

C. Reassign the calls to a dedicated staff member since bedside nurses may lack time or motivation

D. Analyze implementation fidelity including completion rates, timing, content consistency, and patient reachability, identify contact barriers, test alternative outreach methods, and refine the program

65. A nurse manager is developing a singleshift orientation for agency nurses. The orientation must balance thoroughness with efficiency. Which elements are MOST essential?

- A. Comprehensive review of all unit policies, procedures, and documentation requirements
- B. Unit layout, safety systems, emergency procedures, medication protocols, communication expectations, patient population overview, and a designated resource nurse for realtime questions
- C. A selfdirected packet the agency nurse can review independently between patient care activities
- D. A ninetyminute classroom session covering quality initiatives, governance, and strategic priorities

66. A nurse manager is managing two equally compelling but mutually exclusive QI proposals. Proposal A would reduce falls by thirty percent. Proposal B would reduce medication errors by twentyfive percent. Both require the same resources. Which decision approach is MOST appropriate?

- A. Select whichever aligns with current organizational strategic priorities for leadership support and sustainability
- B. Select Proposal A since thirty percent is a larger improvement percentage than twentyfive percent
- C. Allow staff to vote since frontline engagement increases the likelihood of successful adoption
- D. Compare clinical impact including severity of prevented harm, affected volume, regulatory implications, cost of adverse events, and strategic alignment to determine which produces the greatest overall value

67. A nurse manager is applying the theory of constraints to improve patient throughput. Analysis identifies the discharge process as the primary constraint. According to the theory of constraints, which action should the manager take FIRST?

- A. Redesign the entire patient flow process from admission to discharge simultaneously
- B. Add resources to the admission process to increase intake speed and compensate for the discharge bottleneck

C. Implement improvements across all processes equally for balanced improvement

D. Exploit the constraint by maximizing discharge process throughput through optimization of every element before considering adding resources

68. A nurse manager is implementing a coaching culture. Performance feedback currently occurs only during annual evaluations. Which change BEST represents the shift?

A. Replace annual evaluations with ongoing conversations including realtime feedback, goalsetting, developmental coaching, and collaborative problemsolving as continuous practices

B. Increase formal evaluation frequency from annually to quarterly for more frequent structured feedback

C. Hire an external executive coach and let the approach cascade naturally to the team

D. Implement peer coaching where staff evaluate each other without leadership involvement

69. A nurse manager is creating a learning organization culture. Staff currently view errors as failures to be avoided rather than learning opportunities. Which action is MOST foundational?

A. Create psychological safety by responding to errors with curiosity rather than blame, implementing structured learning reviews, sharing lessons transparently, and celebrating the identification of system vulnerabilities as protective acts

B. Implement mandatory monthly education sessions reviewing case studies from other organizations

C. Create a poster campaign with safety slogans reinforcing the importance of learning from errors

D. Establish a reward system providing incentives for nurses who report the most nearmiss events quarterly

70. A nurse manager reviews engagement survey results: Manager communication 4.2/5.0 (org avg 3.8), Career development 2.1/5.0 (org avg 3.2), Workload balance 2.8/5.0 (org avg 3.0), Team collaboration 4.0/5.0 (org avg 3.5). Which intervention should receive HIGHEST priority?

- A. Manager communication, since maintaining the strongest dimension ensures the leadership foundation remains solid
- B. Workload balance, since it is close to the organizational average and would require only minimal improvement
- C. Team collaboration, since building on an existing strength produces the fastest visible improvement
- D. Career development, since it has both the lowest absolute score and the largest gap below organizational average, indicating a significant unmet staff need

71. A nurse manager is implementing a traumainformed care model. Which component is MOST essential for successful implementation?

- A. Screening all patients for trauma history upon admission and documenting in a standardized EHR section
- B. Hiring a trauma specialist for direct care of patients with identified trauma histories
- C. Universal staff education on traumainformed principles including recognition of trauma responses, environmental modifications promoting safety, and practices avoiding retraumatization
- D. Developing a traumaspecific care pathway with separate nursing interventions for patients with identified trauma

72. A nurse manager is evaluating a shared leadership model implemented eighteen months ago that distributes responsibilities among the manager, charge nurses, and council chairs. Which evaluation question is MOST important?

- A. Has the distribution improved decision quality, increased staff engagement in governance, and produced measurable improvements in unit outcomes?
- B. Are the charge nurses and council chairs satisfied with their granted authority?
- C. Has the model reduced the nurse manager's workload to a manageable level?
- D. Do staff perceive the model as fair and equitable in distributing leadership opportunities?

73. A nurse manager is addressing moral residue — lingering distress from past morally distressing events — among experienced nurses. Which intervention is MOST appropriate?

- A. Refer affected nurses to the employee assistance program for individual counseling
- B. Create structured opportunities for processing past events including facilitated discussions, narrative expression, peer support, and professional counseling, while addressing systemic factors that created the original distress
- C. Reassign affected nurses to lower acuity settings with fewer morally distressing situations
- D. Implement mandatory debriefing after all morally distressing events going forward to prevent new residue

74. A nurse manager is applying "nudge theory" from behavioral economics to improve hand hygiene compliance. Which intervention BEST represents a nudge?

- A. Implement progressive discipline for hand hygiene noncompliance with escalating consequences
- B. Require quarterly online hand hygiene education modules with a minimum passing score
- C. Place hand sanitizer dispensers at eye level immediately inside each patient room doorway and install visual cue stickers on the floor at room entry points
- D. Post individual hand hygiene compliance scores publicly with names on the unit quality board

75. A nurse manager leads a unit where nurses complain that quality decisions are made without frontline input, but governance council meetings are poorly attended when offered. Which approach MOST effectively addresses this paradox?

- A. Mandate governance attendance as a condition of employment since staff cannot complain about exclusion while choosing not to participate
- B. Accept that governance will involve a small percentage and ensure participants represent the broader team

C. Eliminate governance councils and return to leadership-driven decisions since staff have demonstrated they prefer not to participate

D. Redesign governance to reduce participation barriers by embedding decisionmaking into existing workflows and meetings rather than requiring additional commitments, and demonstrate that participation leads to visible change

76. A nurse manager is evaluating whether patient assignment methodology is equitable. Some nurses report consistently receiving the most challenging assignments. Which evaluation is MOST objective?

A. Analyze assignment data over thirty days comparing patient acuity scores, admission and discharge frequency, and total nursing workload across all nurses to identify whether an inequitable distribution pattern exists

B. Survey nursing staff about their perception of assignment equity and use results to guide adjustments

C. Observe the charge nurse's assignment process for one week and provide feedback on equity patterns

D. Implement a computerized system that eliminates human judgment from assignments entirely

77. A nurse manager is developing an innovation incubator where staff can develop and test ideas for improving patient care. Which structural element is MOST important for success?

A. Dedicated funding for each proposed innovation to prevent resource constraints from limiting creativity

B. A transparent process for submitting ideas, rapid evaluation criteria, protected time for development, smallscale testing support, and a clear pathway from successful pilot to full implementation

C. A requirement that all innovations be evidencebased before testing to ensure only proven interventions are piloted

D. An innovation committee of leadership team members who select the most promising ideas for development

78. A nurse manager is applying AONL systems thinking competency to address daily discharge delays that create cascading effects on ED boarding, surgical scheduling, and patient satisfaction. Which approach BEST demonstrates systems thinking?

- A. Focus improvement on the discharge process itself since delays originate on the unit
- B. Implement a discharge deadline policy requiring all patients out by noon to eliminate downstream effects
- C. Map interconnections between the unit's discharge process and all affected downstream systems, identify how changes in one area affect others, engage stakeholders across the system, and implement coordinated solutions optimizing the whole
- D. Escalate the problem to senior leadership for a systemwide task force since the complexity exceeds the manager's scope

79. A nurse manager is developing a comprehensive strategy to address a fifteen percent nurse vacancy rate sustained for six consecutive months. Which combination is MOST comprehensive?

- A. Focus exclusively on recruitment through enhanced job postings and career fair attendance
- B. Implement a multipronged approach addressing recruitment through targeted strategies, retention through engagement and development, employer branding through staff ambassador programs, pipeline development through academic partnerships, and competitive positioning through compensation benchmarking
- C. Offer signon and retention bonuses to create immediate financial incentive for both recruitment and retention
- D. Request approval for indefinite travel nurse use while implementing a longterm recruitment strategy

80. A nurse manager is navigating a situation where a staff nurse has refused a patient assignment based on a religious objection to participating in withdrawal of lifesustaining treatment. The family has requested comfortfocused care consistent with an existing advance directive. Which response is MOST appropriate?

- A. Require the nurse to accept the assignment since professional obligations override personal beliefs in all circumstances
- B. Report the nurse to HR for refusing a patient assignment based on personal beliefs conflicting with professional obligations
- C. Evaluate the legitimacy of the conscientious objection, arrange an alternative assignment without penalizing the nurse or compromising patient care, and ensure the refusal does not inequitably burden colleagues
- D. Allow the nurse to refuse and ask volunteers from other units to cover the assignment during the shift

81. A nurse manager is evaluating the unit's nurse residency program after two years. Which evaluation approach is MOST comprehensive?

- A. Compare residency graduates' competency scores at program end to their entry scores
- B. Survey graduates about satisfaction with the experience and perceived readiness for independent practice
- C. Compare patient outcomes on units with residencytrained nurses versus units without
- D. Analyze multiple outcomes including firstyear retention, competency progression, patient outcomes, satisfaction, time to independent practice, and costeffectiveness compared to nonresidency new graduate outcomes

82. A nurse manager discovers a staff nurse has been accessing the medical records of a celebrity patient admitted to a different unit without any clinical relationship. Which action is MOST appropriate?

- A. Report the unauthorized access to the privacy officer immediately, follow organizational HIPAA policy, address the behavior through progressive discipline, and ensure the breach is reported as required by law
- B. Counsel the nurse about HIPAA and require a privacy refresher course before returning to work
- C. Notify the celebrity patient's care team so they can monitor for additional privacy breaches
- D. Send a unitwide privacy policy reminder without identifying the specific nurse

83. A nurse manager is mentoring a nurse in the emerging leaders program. The mentee demonstrates strong analytical skills but struggles with emotional intelligence, particularly reading colleagues' emotional states and adapting communication. Which development strategy is MOST appropriate?

- A. Recommend an online emotional intelligence assessment and a selfdirected improvement plan
- B. Focus exclusively on the mentee's analytical strengths since emotional intelligence is largely innate
- C. Provide specific feedback on EI gaps using concrete examples, assign a team project requiring interpersonal navigation, offer realtime coaching during challenging interactions, and debrief outcomes to build selfawareness
- D. Pair the mentee with a highEI colleague for natural observation and emulation

84. A nurse manager is responsible for a unit where a nurse has raised staffing concerns to an external regulatory agency without exhausting internal channels. The nurse claims whistleblower protection. Which action is MOST appropriate?

- A. Discipline the nurse for bypassing the chain of command since internal reporting should come first
- B. Refrain from any retaliatory action, investigate the staffing concern, take corrective action if warranted, and consult legal counsel regarding whistleblower protection obligations
- C. Meet with the nurse to explain proper internal reporting and require acknowledgment of future compliance
- D. Transfer the nurse to separate her from the staffing situation and reduce team tension

85. A nurse manager is addressing a situation where a nurse preceptor has developed a romantic relationship with an orientee she is supervising during the orientation period. Which response is MOST appropriate?

- A. Prohibit the relationship entirely since workplace romances between supervisors and reports are universally prohibited

- B. Reassign the orientee to a different preceptor immediately to eliminate the supervisory conflict of interest, discuss professional boundary expectations with the preceptor, and follow organizational policy
- C. Allow the relationship to continue but require the preceptor to recuse herself from evaluative decisions
- D. Report both nurses to HR and allow them to determine the course of action

86. A nurse manager is developing a professional development framework. According to Benner's model, which approach is MOST appropriate for nurses at the "competent" stage?

- A. Formal classroom education on foundational nursing knowledge and basic clinical skills
- B. Selfdirected learning through journal subscriptions and independent research projects
- C. Expertled mentoring focused on clinical intuition and advanced pattern recognition
- D. Guided clinical experiences with structured reflection, mentoring, and progressive exposure to increasingly complex situations

87. A nurse manager is evaluating documentation practices. A chart audit reveals nurses using "patient appears comfortable" without objective supporting data. Which action is MOST appropriate?

- A. Educate staff on legal documentation requirements including objective data to support subjective assessments, provide examples of proper documentation, integrate prompts into the EHR, and audit compliance
- B. Implement a template eliminating freetext entries and requiring prepopulated assessment options only
- C. Assign the educator to review each nurse's documentation weekly with individual written feedback
- D. Send a unitwide email with proper and improper documentation examples and require signed acknowledgment

88. A nurse manager faces a directive from the CFO to reduce staffing by one FTE per shift. The manager believes this will compromise patient safety based on current acuity. Which response BEST demonstrates professional integrity?

- A. Implement the reduction as directed since financial decisions are made by organizational leadership
- B. Refuse and submit a formal objection through the chain of command citing patient safety
- C. Implement on paper but continue staffing at current levels and manage the variance through other reductions
- D. Present a data-driven analysis showing the relationship between the proposed reduction and projected safety outcomes, propose alternative cost strategies maintaining safe staffing, and escalate if the directive is maintained

89. A nurse manager is considering participating in a pharmaceutical industry advisory board that compensates nurse managers for input on medication safety protocols. Which ethical consideration is MOST important?

- A. Whether participation creates a real or perceived conflict of interest that could compromise objectivity regarding the company's products in formulary decisions
- B. Whether the compensation is commensurate with the time commitment required
- C. Whether other nurse managers have participated without negative professional consequences
- D. Whether the focus on medication safety aligns with the manager's professional development goals

90. A nurse manager is reviewing compliance with suspected child abuse reporting. A nurse suspects abuse based on injury patterns, but the attending physician dismisses the concern and declines to file a report. Which action is MOST appropriate?

- A. Support the physician's clinical judgment since physicians have more training in differentiating injury patterns
- B. Document the concern and monitor for additional signs during the hospitalization

C. Recognize that mandatory reporting applies to nurses independently, support the nurse in filing a report through proper channels, and notify social work

D. Escalate the physiannurse disagreement to the CMO for clinical resolution

91. A nurse manager is informed that a recently terminated nurse has filed a wrongful termination lawsuit alleging retaliation for reporting physician prescribing errors. Which action is MOST appropriate?

A. Prepare a detailed written account of the termination rationale and submit it directly to the court

B. Discuss the lawsuit with other staff to gather perspectives on the terminated nurse's performance

C. Contact the terminated nurse and attempt to negotiate a settlement to avoid trial

D. Cooperate with the organization's legal department, provide requested documentation, refrain from discussing the case with staff or outside parties, and avoid actions perceived as retaliatory

92. A nurse manager is developing a plan for nurses to practice at the top of their license. RNs currently spend thirty percent of their time on tasks that could be performed by unlicensed personnel. Which action is MOST appropriate?

A. Hire additional UAPs and reassign nonlicensed tasks without workflow changes

B. Eliminate all nonclinical tasks from the RN role and transfer them entirely to support staff

C. Conduct a task analysis identifying safely delegatable activities, develop competency standards, train UAPs, implement revised role expectations, and monitor quality outcomes

D. Accept the current task distribution since RNs frequently perform nonlicensed tasks and changing creates more disruption than benefit

93. A nurse manager is informed that two staff members are involved in a domestic violence situation — one alleged perpetrator and one alleged victim — both working on the same unit. Which action is MOST appropriate?

- A. Separate the staff by reassigning one to a different unit immediately regardless of investigation outcome
- B. Monitor from a distance without intervening since the domestic situation is a personal matter
- C. Consult with HR and EAP, ensure workplace safety for the alleged victim, review and implement applicable workplace violence policies, and refer both to support resources
- D. Require the alleged perpetrator to take leave until the legal situation is resolved

94. A nurse manager evaluates certification's impact on outcomes. Data shows certified nurses have lower medication error rates and higher patient satisfaction but also tend to have more years of experience. Which interpretation is MOST accurate?

- A. The data proves certification directly causes better outcomes and the unit should require certification
- B. The correlation may be confounded by the experience variable, and the manager should control for years of experience before attributing outcome differences to certification alone
- C. The data is irrelevant because the difference is likely caused entirely by experience
- D. The data should be presented as motivation to pursue certification since even a correlational relationship supports credentialing value

95. A nurse manager is navigating a situation where a staff nurse published a peerreviewed article critical of the hospital's patient safety approach. The article names the organization. Administration is unhappy with the negative publicity. Which response is MOST professionally appropriate?

- A. Support the nurse's academic freedom, facilitate a meeting between the nurse and administration to discuss findings constructively, and advocate for using the research to drive improvement
- B. Counsel the nurse about institutional loyalty and recommend withdrawing the article
- C. Discipline the nurse for publishing material damaging the organization's reputation without prior approval
- D. Distance yourself and let HR and administration determine the response

96. A nurse manager analyzes payer mix data. Medicare: 55% of patients, \$8,200/case reimbursement. Medicaid: 20%, \$5,100/case. Commercial: 20%, \$12,400/case. Selfpay: 5%, \$1,800/case. Average cost per case is \$9,000. Which payer contributes MOST to financial margin?

- A. Medicare, because it represents the largest volume and reimburses near the cost per case
- B. Medicaid, because increasing this volume would generate the largest absolute revenue increase
- C. Commercial, because it is the only payer reimbursing above the average cost per case, making it the primary source of positive margin
- D. Selfpay, because increasing collections represents the greatest revenue improvement opportunity

97. A nurse manager is developing a zerobased budget. Which approach is MOST appropriate?

- A. Begin with last year's budget and add justifications for each line item to satisfy the zerobased requirement
- B. Develop the budget without reference to historical spending, basing allocations on projected needs alone
- C. Analyze each expense category based on current operational needs, projected volumes, and strategic priorities, justify every allocation from zero with supporting data, and prioritize based on contribution to patient care and organizational goals
- D. Request a zerobased template prepopulated with industrystandard allocations from the finance department

98. A nurse manager is evaluating a nurse practitionerled heart failure clinic after one year of operation. Which metric is MOST important for longterm viability?

- A. Total revenue compared to the nurse practitioner's total compensation
- B. Patient visits per month compared to projected volume in the original business plan
- C. Patient satisfaction compared to other specialty clinics

D. The clinic's contribution margin after all direct and indirect costs, combined with the downstream financial impact of reduced heart failure readmissions and ED visits

99. A nurse manager must reduce premium labor costs (overtime \$28,000/month + agency \$45,000/month = \$73,000) by thirty percent. Which strategy is MOST likely to achieve sustainable reduction?

A. Eliminate all agency usage immediately and distribute workload among existing staff with mandatory overtime

B. Analyze root causes of premium labor including vacancy rates, callout patterns, scheduling inefficiency, and workload distribution, then implement targeted solutions for highest impact drivers

C. Reduce both overtime and agency by equal percentages to achieve the target proportionally

D. Convert agency positions to permanent FTEs and eliminate overtime authorization for nonemergencies

100. A nurse manager is preparing a business case for patient-centered bedside rounds. Which financial argument is MOST compelling?

A. Bedside rounds have been associated with reduced length of stay, improved patient understanding, fewer communication-related safety events, and higher HCAHPS scores affecting value-based purchasing reimbursement

B. Bedside rounds will reduce physician phone calls from nurses since questions can be addressed during rounding

C. Bedside rounds will reduce the need for separate nursing care conferences

D. Bedside rounds will improve nurse satisfaction and reduce turnover costs by increasing nursing involvement

101. A nurse manager identifies that overtime spikes predictably every other weekend, corresponding to senior nurse everyotherweekendoff arrangements. Which action is MOST appropriate?

- A. Grandfather current arrangements but prohibit future agreements for new staff
- B. Continue arrangements since they were negotiated in good faith
- C. Terminate all arrangements immediately effective with the next schedule
- D. Review the agreements, analyze financial impact, develop a revised weekend policy balancing equity and operations, communicate with adequate notice, and negotiate transition arrangements with affected staff

102. A nurse manager is developing a proposal to convert from paperbased to electronic bedside medication verification. Total cost is \$120,000. Which ROI component is MOST critical?

- A. Projected reduction in nursing time per medication administration cycle
- B. Cost of training all staff compared to ongoing paperbased education costs
- C. The number of medication errors prevented annually multiplied by the average cost per error compared to implementation cost
- D. Projected improvement in Joint Commission survey readiness scores for medication safety

103. A nurse manager is managing supply chain shortages with several critical items on backorder. Which strategy is MOST effective?

- A. Maintain largerthannormal inventory of all items to buffer against future shortages
- B. Collaborate with supply chain to identify substitutes, establish par levels from consumption data, implement priority allocation for critical items, and communicate proactively with staff about substitutions
- C. Request physicians modify ordering practices to reduce dependence on shortage products

D. Contact alternative vendors directly for emergency purchases at premium pricing

104. A nurse manager evaluates three wound care products:

Product	Unit Cost	Changes/Week	Healing Time
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A	\$12	7	21 days
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B	\$35	3	14 days
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C	\$55	2	10 days
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Which analysis provides the MOST complete costeffectiveness evaluation?

A. Product A is most costeffective due to lowest unit cost per dressing

B. Product B offers the best balance between cost and healing time

C. Product C is most costeffective due to shortest healing time minimizing infection risk

D. Calculate total cost of treatment for each including supply costs, nursing labor for dressing changes, and cost implications of healing time differences, then compare total cost per healed wound

105. A nurse manager is developing a financial justification for an oncology nurse navigator. Which outcome measure provides the STRONGEST justification?

A. Improvement in oncology patient satisfaction and reduction in care coordination complaints

B. Reduction in oncology nurse turnover attributed to improved coordination and reduced bedside workload

C. Reduction in oncology readmissions, ED visits, and treatment delays translated into avoided costs exceeding the navigator's total compensation

D. Increase in oncology patient volume due to improved throughput and coordination efficiency

106. A nurse manager is preparing an annual budget presentation to the finance committee. Which strategy is MOST effective for gaining approval?

A. Lead with comprehensive financial analysis followed by supporting quality data

B. Present a balanced overview connecting financial performance to quality outcomes, patient experience, and strategic alignment, demonstrating the relationship between resource investment and measurable results

C. Focus exclusively on financial metrics since the committee's primary concern is fiscal responsibility

D. Present competitor hospital financial comparisons demonstrating marketnorm costs

107. A nurse manager is evaluating a nursetofamily communication technology sending automated text updates about patient status. The cost is \$35,000 annually. Which metric is MOST important?

A. Reduction in call light usage from families feeling better informed

B. Impact on nurse workflow including time saved from family calls, patient experience scores, and whether the technology reduces caregiver anxiety and improves family satisfaction

C. Number of families opting in versus declining the service

D. Comparison of the technology's cost to hiring a patient liaison performing the same function manually

108. A nurse manager discovers that the unit's case mix index increased eight percent while average reimbursement per case increased only three percent. Which interpretation is MOST appropriate?

- A. The unit is performing well since both CMI and reimbursement are increasing
- B. The reimbursement lag is expected since payer contracts adjust rates annually
- C. The discrepancy suggests a documentation or coding opportunity since higher acuity should generate proportionally higher reimbursement
- D. The gap indicates a potential revenue capture problem reflecting incomplete documentation, undercoding, or unfavorable payer terms, warranting investigation

109. A nurse manager is developing a staffing effectiveness report for the quarterly leadership meeting. Which combination provides the MOST comprehensive view?

- A. Total nursing hours, overtime percentage, and agency utilization with fourquarter trending
- B. HPPD, skill mix ratios, vacancy rate, and turnover rate compared to targets and benchmarks
- C. HPPD compared to acuity, skill mix ratios, overtime and agency utilization, nursesensitive outcomes correlated with staffing, staff satisfaction, and vacancy and turnover rates
- D. Nursetopatient ratios by shift, total FTEs, and salary expense compared to budget

110. A nurse manager is negotiating with biomedical engineering for faster equipment repair. Current average turnaround is seventytwo hours, causing nurses to borrow equipment from other units. Which approach is MOST effective?

- A. Present patient safety implications to senior leadership and request executive intervention
- B. Quantify the impact of delays including equipment tracking data, workflow disruption time, patient care implications, and interdepartmental friction, then negotiate specific turnaround targets with mutual accountability
- C. Request budget approval for a dedicated biomedical technician assigned exclusively to the unit
- D. Purchase backup equipment for the most commonly repaired items and store on the unit

111. A nurse manager calculates turnover cost. Eight RN departures last year at an average replacement cost of \$48,000 each. What is the total annual turnover cost?

- A. \$192,000
- B. \$288,000
- C. \$384,000
- D. \$480,000

112. A nurse manager is evaluating a centralized monitoring system allowing one nurse to remotely monitor up to forty patients. Which operational concern is MOST important?

- A. Cost compared to current bedside monitoring equipment
- B. Integration with the existing EHR for automatic documentation
- C. Staff satisfaction with remote versus traditional bedside monitoring
- D. Whether the centralized model maintains adequate clinical response capability when the monitoring nurse identifies deterioration requiring immediate bedside intervention

113. A nurse manager is improving revenue cycle performance. Analysis shows nursing documentation does not consistently support severity of illness and risk of mortality adjustments. Which action is MOST appropriate?

- A. Implement coding education for physicians since diagnosis coding is physiandriven
- B. Partner with clinical documentation improvement to educate nursing on how their documentation affects coding accuracy, implement EHR prompts, and track impact on revenue capture
- C. Request a dedicated coder reviewing all discharges in real time and querying physicians
- D. Focus on improving volume rather than documentation since volume has greater revenue impact

114. A nurse manager is developing a contingency staffing plan for a potential nursing strike. Which element is MOST critical?

- A. Communication plan informing patients and families about the potential work stoppage
- B. Contracts with temporary staffing agencies for replacement nurses including orientation, competency validation, unit familiarization, and supervision during the work stoppage
- C. Plan to reduce census by discharging stable patients and diverting new admissions
- D. Legal consultation on obligations during a work stoppage and rights of striking versus nonstriking employees

115. A nurse manager reviews financial data showing direct cost per patient day decreased four percent while quality outcomes remained stable. Which interpretation is MOST appropriate?

- A. The cost reduction with stable quality confirms previous overspending and the current level should become the baseline
- B. The cost reduction may reflect genuine efficiency improvements, but the manager should investigate sustainability and whether any lagging quality indicators have not yet been affected
- C. Stable quality confirms no impact on care and further reductions should be pursued
- D. The reduction likely reflects understaffing or deferred expenses that will eventually manifest as quality deterioration

Answer Key – Exam 6 (with Full Answer Explanations)

1. D — Directing staff not to respond publicly, notifying PR and risk management, investigating the care concerns, and supporting affected staff follows the organizational crisis communication protocol. Staff responding individually on social media creates uncontrolled messaging, potential HIPAA violations, and escalation. The organization's designated spokesperson must manage all public communications.

2. A — Developing a telehealth-specific assessment protocol that identifies which elements work via video, which need patient self-reporting, and which require in-person visits directly addresses the

clinical concern. Telehealth assessment requires different techniques than bedside assessment, and nurses need specific training in virtual clinical evaluation skills.

3. C — Acknowledging commitment while explaining boundary, liability, and continuity risks redirects the nurse's good intentions into appropriate channels. Providing personal contact information creates professional boundary violations, continuity gaps when the nurse is unavailable, and liability exposure for both the nurse and the organization.

4. C — Presenting evidence, acknowledging concerns, explaining exemption alternatives, addressing misconceptions, and maintaining a firm position models effective communication of unpopular but evidence-based policies. Vaccination policies are supported by overwhelming evidence, and the communication approach must be transparent while firm.

5. D — Immediately arranging for a certified interpreter to re-assess understanding and re-obtain consent if needed addresses the immediate patient safety concern first. Using a minor child as a medical interpreter violates federal language access standards and compromises the validity of informed consent. The practice issue with the nurse is addressed second.

6. C — Identifying a shared concern, convening a joint meeting, and collaboratively developing a proposal establishes the partnership on mutual benefit rather than one-sided institutional needs. Effective community partnerships require shared ownership of the problem and co-designed solutions that serve both organizations' missions.

7. C — Acknowledging the experience, apologizing, ensuring visibility across all care interfaces, educating staff, and following up provides a comprehensive response. Gender-affirming communication is both a patient rights issue and a quality-of-care standard. System-level visibility of preferences prevents reliance on individual nurse memory.

8. A — Presenting evidence supporting universal screening, explaining the nurse manager's integration role, and proposing a collaborative model where positive screens trigger consultation addresses the physician's concern while advancing the initiative. Universal behavioral health screening in acute care is supported by evidence and falls within the nursing assessment scope.

9. A — Addressing specific incivility behaviors directly, explaining their impact on cohesion and retention, discussing work environment effects, establishing expectations, and monitoring treats subtle undermining with the same seriousness as overt bullying. Incivility that does not meet formal bullying thresholds still damages team function and drives new nurse turnover.

10. B — Certified interpreters in both languages with the English-speaking daughter participating as a family member rather than interpreter ensures accurate medical communication. Using family members as interpreters compromises accuracy, creates role confusion, and may violate the patient's right to confidential communication with the care team.

11. A — Recommending temporary admission closure, enhanced cleaning, cohorting affected patients, and restricting symptomatic staff follows evidence-based outbreak management principles. Norovirus is highly contagious, and continued admissions during an active outbreak expose new patients to unnecessary infection risk.

12. B — Approaching the physician privately with concern about patient privacy and offering to help identify private spaces models the collaborative communication expected between nursing and medical staff. HIPAA violations require correction, but the approach should be collegial before escalating to formal reporting channels.

13. C — A phased plan with progressive education, simulation, competency validation, super-user support, and post-implementation monitoring addresses the complexity of a protocol change involving new technology, new concentrations, and new monitoring parameters. PCA protocol changes carry high patient safety implications requiring thorough preparation.

14. C — Assessing why nurses defer, providing education on difficult conversations, establishing bedside communication expectations, coaching, and redefining the charge role as resource rather than substitute addresses the root cause. Staff nurses who lack confidence in complex family communication need skill development, not structural avoidance of the responsibility.

15. B — Introducing roles, designating a lead communicator, inviting questions, and limiting interaction time addresses the specific patient concerns: role confusion and feeling overwhelmed. Structured introductions and a single lead communicator provide clarity while maintaining the multidisciplinary benefit.

16. A — Private meeting acknowledging the travel nurse's perspectives, explaining the morale impact of negative comparisons, establishing constructive communication expectations, and inviting improvement ideas through appropriate channels addresses the behavior while valuing the nurse's external experience.

17. C — Integrating activation assessment into admission, tailoring education to activation level, using teach-back and goal-setting, and involving patients as care planning partners directly addresses patient

activation. The Patient Activation Measure identifies patients' readiness for self-management, enabling targeted interventions matched to their current level.

18. A — Standardizing handoff with a framework that eliminates EHR-redundant information and focuses on active issues reduces time without sacrificing clinical quality. The eight minutes per patient likely includes information already available electronically. Structured handoff focuses verbal communication on what the EHR cannot convey.

19. C — Facilitating a structured discussion on discharge readiness criteria, demonstrated self-management, and available alternatives creates an evidence-based resolution. Neither blanket support of physician or nurse position is appropriate. Discharge readiness is a clinical determination that benefits from multidisciplinary input.

20. A — Restructuring governance, quality activities, and events for night-shift accessibility, creating night-specific programs, ensuring leadership visibility during nights, and developing asynchronous participation provides genuine inclusion. Night shift disconnection is a structural problem requiring structural solutions, not individual accommodation mandates.

21. A — Active listening training targeting specific techniques like sitting at eye level, avoiding interruptions, reflecting back, and allowing silence directly addresses the behavior the HCAHPS question measures. The question asks whether nurses listened carefully, making listening skill training the most targeted intervention.

22. B — Cultural humility education, adjustment of communication approaches to incorporate culturally valued elements like personalismo, and engagement of community cultural liaisons addresses the root cause: a cross-cultural communication mismatch. The nurses are not intentionally rude; their communication style conflicts with the patients' cultural expectations.

23. B — A clear chain of communication identifying who communicates what to whom, through which channels, with backups, practiced through drills provides the operational foundation every crisis scenario requires. Crisis communication fails when roles are unclear, channels are untested, or backup procedures do not exist.

24. A — Meeting with the physical therapist to compare methodologies, identify the source of discrepancies, develop shared definitions, and establish a reconciliation process addresses the

documentation conflict collaboratively. Differing assessment terminology between disciplines creates patient safety risk during discharge planning.

25. D — Analyzing call light reasons, implementing proactive rounding to anticipate needs, streamlining response workflow, and establishing a tiered system addresses the root cause. Proactive rounding reduces call light volume by addressing patient needs before they press the button, while tiered response optimizes staff allocation.

26. C — Acknowledging safety commitment, discussing dependence consequences, collaboratively developing real-time teaching strategies, and practicing techniques addresses the coaching gap. The charge nurse's instinct to protect patients is valid, but the long-term safety risk of undeveloped staff competence outweighs the short-term efficiency of doing tasks personally.

27. A — Gathering the team, delivering news compassionately, allowing emotional reaction, providing grief resources, and planning a debriefing demonstrates leadership presence during a traumatic event. Colleague death requires immediate, compassionate, in-person communication with immediate access to support resources.

28. B — A joint assessment identifying specific post-discharge barriers in the target community and co-developing interventions addressing social determinants targets the root causes of the elevated readmission rate. Geographic concentration of readmissions signals community-level barriers that require community-level solutions.

29. D — Presenting peer-reviewed evidence including sensitivity and specificity data, addressing false-positive concerns with protocol metrics, proposing a collaborative validation period, and tracking outcomes jointly addresses physician objections with data. Evidence-based protocols gain physician acceptance through transparent outcome data rather than scope-of-practice arguments.

30. C — Over-reliance on technology that reduces independent clinical verification creates vulnerability when systems fail. Closed-loop systems are designed to prevent errors, but nurses who stop verifying orders independently create a single point of failure. Technology should augment, not replace, clinical vigilance.

31. B — CAUTI is the only indicator trending in the wrong direction (1.8 to 2.4) and worsening above an already unfavorable benchmark (1.5). A deteriorating trend above benchmark requires urgent

intervention. Falls improved, CLABSI is below benchmark, and HAPI reached benchmark — all positive trajectories.

32. C — Integrating screening for food insecurity, transportation, and primary care access into admission and discharge workflows with community resource referral pathways translates the CHNA findings into actionable unit-level interventions. Population health integration requires embedding social determinant screening into clinical workflows.

33. B — Clear role definitions, communication protocols, scope boundaries, supervision structures, and documentation standards provide the operational framework for a novel collaborative model. Without defined boundaries between RN and community health worker roles, scope confusion and patient safety gaps are inevitable.

34. C — An SIR above 1.0 indicates more infections than predicted for the patient population, based on the national baseline. Three consecutive quarters above 1.0 represents a sustained performance gap requiring investigation. The SIR compares observed to expected infections, making values above 1.0 unfavorable.

35. D — Advanced clinical assessment skills for remote evaluation, deterioration identification via telehealth, escalation protocols, and in-home team coordination are the core competencies for hospital-at-home nursing. Remote monitoring requires nurses to identify clinical changes through technology rather than bedside observation.

36. A — An SIR above 1.0 means the unit has more infections than predicted based on the national baseline, indicating below-expected performance. The SIR is a ratio of observed to expected infections. A value above 1.0 for three consecutive quarters represents a sustained unfavorable trend requiring systematic investigation and intervention.

37. A — A standardized withdrawal assessment tool with evidence-based monitoring intervals, protocol-driven medication criteria, and escalation pathways for severe withdrawal provides the consistent, reliable approach that variable provider practice currently lacks. Standardization reduces the clinical variation that creates patient safety risk.

38. C — NICHE provides an evidence-based framework specifically designed for creating geriatric-friendly nursing units including staff education, environmental modifications, and geriatric-specific

protocols. The Coleman and Naylor models focus on care transitions rather than inpatient unit design, while PACE is a community-based model.

39. B — Condition-specific discharge planning, education, and post-discharge follow-up for the penalized conditions with attention to medication reconciliation, follow-up scheduling, and symptom management directly addresses the CMS HRRP targets. The program penalizes specific conditions, making condition-specific interventions the most impactful.

40. C — Investigating which specific milestones are missed on day three and identifying the clinical and workflow factors contributing to the drop is the essential analysis. Compliance decline at a specific timepoint suggests either pathway design issues or workflow disruptions that must be diagnosed before they can be resolved.

41. B — Presenting evidence, addressing specific safety concerns with inclusion/exclusion criteria, providing hands-on training, and implementing with supportive monitoring addresses the clinical concern with evidence while building competence. Evidence-based early mobility in pneumonia is well-supported, and nurse concerns are best addressed through education and supervised practice.

42. D — A scalable staffing model with role reassignment, modified ratios, crisis scheduling, and tiered activation addresses the most critical element of pandemic preparedness: the ability to staff safely during sustained high volumes with concurrent staff absences. Without a scalable staffing plan, all other preparedness elements fail.

43. B — An immediate risk assessment of all ligature points, prioritized remediation, and interim safety measures for rooms that cannot be immediately modified addresses the Joint Commission standard while recognizing that permanent modifications take time. Interim measures protect patients while long-term solutions are implemented.

44. D — The data shows a clear correlation between lower HPPD and worsened outcomes across falls, medication errors, and patient satisfaction on evening and night shifts. While acuity differences may contribute, the pattern warrants investigation into whether increasing staffing on lower-HPPD shifts would improve the quality and safety metrics.

45. B — The IHI Model for Improvement begins with "What are we trying to accomplish?" — a specific measurable aim statement. Without a clear aim, the team cannot determine what changes to test or how

to measure improvement. The aim statement provides the direction and scope for all subsequent PDSA cycles.

46. A — A certified ASL interpreter present during consent and available for all significant communications throughout hospitalization meets the ADA requirement for effective communication. Video remote interpretation may be acceptable for routine interactions but may be insufficient for complex surgical consent discussions requiring detailed dialogue.

47. A — Integrating pain reassessment alerts into the EHR workflow, streamlining documentation, providing education on clinical rationale, and monitoring with real-time feedback builds reassessment into the existing workflow rather than adding a separate task. Workflow-embedded alerts prompt the behavior at the right time without requiring nurses to remember independently.

48. B — A waste audit identifying types and volumes, staff engagement in reduction opportunities, and targeted interventions for highest-volume categories provides an evidence-based starting point. Effective sustainability requires understanding what waste is generated before implementing interventions.

49. D — A thorough RCA, system-level contributing factor identification, process changes to prevent recurrence, and compliance with Leapfrog's disclosure and remediation requirements addresses the never event comprehensively. Never events require root cause analysis that identifies system failures, not individual blame.

50. D — The overall hospital rating and willingness to recommend questions receive the heaviest individual weighting in the HCAHPS VBP scoring because they capture the patient's comprehensive experience across all dimensions of their hospitalization. These global measures reflect the cumulative impact of all care interactions.

51. B — Structured conversational rounding asking what works, what barriers exist, who deserves recognition, and whether staff have needed tools, followed by visible action on feedback, is the evidence-based leader rounding approach. The combination of structured questions and visible follow-through builds trust that the leader genuinely listens and acts.

52. D — Shifting from transactional metrics-focused leadership to genuine personal connection, individualized support, and visible investment in staff growth addresses the exit interview themes directly. "I felt like a number" and "leadership only cared about metrics" signal a transactional leadership style that achieves outcomes at the expense of human connection.

53. C — Complexity science recognizes that persistent problems in healthcare often emerge from dynamic interactions among multiple interdependent variables rather than single root causes. Linear problem-solving assumes simple cause-and-effect relationships, while adaptive solutions account for the nonlinear interactions between staffing, acuity, discharge patterns, and interdepartmental workflows.

54. D — Evaluating both proposals against evidence strength, projected error reduction, feasibility, cost-effectiveness, sustainability, and staff acceptance provides the most rigorous decision framework. When resources are limited, multi-criteria decision analysis ensures the selection optimizes across all relevant dimensions rather than defaulting to cost or preference alone.

55. A — Investigating the drivers of disengagement through individual conversations, addressing systemic factors, rebuilding mission connection, and creating renewal opportunities addresses quiet quitting at its roots. Disengagement typically stems from unmet needs around workload, recognition, meaning, or autonomy rather than generational attitudes.

56. B — The charge nurse role is primarily a leadership position requiring team management, communication, conflict resolution, and decision-making. Clinical expertise is important but secondary to the interpersonal and leadership competencies that define the charge nurse's daily responsibilities. Strong clinicians do not automatically make effective leaders.

57. A — A multifaceted program addressing workload, autonomy, social support, flexibility, mental health access, recognition, and leadership support mirrors the evidence on burnout prevention. Maslach's burnout research identifies multiple contributing factors including workload, control, reward, community, fairness, and values alignment, all of which must be addressed.

58. D — Positive deviance methodology studies outliers who succeed despite facing the same constraints as everyone else. Understanding the specific behaviors, routines, and environmental factors that enable the three nurses' consistent compliance identifies solutions already proven to work within the unit's existing conditions. Spreading these discovered practices to the rest of the team scales the positive deviant behavior.

59. B — Redesigning the workflow to hold non-urgent communications, creating a visible signal system, and establishing a rapid-communication protocol for urgent needs balances the safety goal with the operational reality that nursing communication is continuous. Absolute interruption-free zones are impractical; managed interruption zones are sustainable.

60. A — A structured transition-to-practice program with mentoring, progressive responsibility, clinical support, realistic previews, peer cohorts, and regular check-ins during the first twelve months directly addresses reality shock. The Kramer reality shock model identifies the gap between idealized expectations and workplace reality as the primary driver of early career attrition.

61. A — Approach B using structure, process, and outcome measures together provides the most actionable data because process measures identify the specific practices that produce outcomes. When an outcome measure declines, process measures reveal which clinical activities changed, enabling targeted intervention rather than reactive investigation.

62. D — Transparent communication, emotional support, advocacy for staff interests, and stable leadership presence are the most important leadership priorities during organizational uncertainty. Fabricating reassurances destroys trust when they prove false. Authentic transparency builds the credibility that sustains staff engagement through ambiguity.

63. A — A safety champion who conducts real-time observations, promotes culture through peer engagement, facilitates near-miss reporting, leads huddles, and escalates risks combines the peer influence and frontline visibility that centralized safety programs cannot provide. Safety champions extend the culture of safety into every shift.

64. D — Analyzing implementation fidelity including completion rates, timing, content consistency, and reachability identifies why the program is not producing results before abandoning it. Many evidence-based interventions fail not because the intervention is wrong but because implementation is inconsistent.

65. B — Unit layout, safety systems, emergency procedures, medication protocols, communication expectations, patient population overview, and a designated resource nurse provide the essential safety and operational information an agency nurse needs to deliver safe care on a single shift. Comprehensive policy review is impractical for single-shift assignments.

66. D — Comparing clinical impact including severity of prevented harm, affected patient volume, regulatory implications, cost of adverse events, and strategic alignment determines which proposal produces the greatest overall value. Percentage improvement alone is insufficient — a thirty percent reduction in a low-severity event may produce less total value than a twenty-five percent reduction in a high-severity event.

67. D — The theory of constraints prescribes exploiting the constraint first — maximizing throughput through the bottleneck by optimizing every element within the discharge process before adding resources or addressing other processes. Adding resources elsewhere does not improve system throughput if the constraint remains unoptimized.

68. A — Replacing annual evaluations with ongoing conversations including real-time feedback, goal-setting, developmental coaching, and collaborative problem-solving as continuous practices defines the fundamental shift from an evaluation culture to a coaching culture. Coaching is a continuous relationship, not a periodic event.

69. A — Creating psychological safety through curiosity-based error response, structured learning reviews, transparent lesson sharing, and celebrating vulnerability identification is the foundational requirement. Without psychological safety, no learning structure will produce honest reporting or genuine organizational learning from errors.

70. D — Career development has both the lowest absolute score (2.1) and the largest gap below the organizational average (1.1 points below), indicating a significant unmet staff need that is worse than the rest of the organization. Combined gap and absolute deficiency analysis identifies the dimension requiring the most urgent attention.

71. C — Universal staff education on trauma-informed principles including recognition, environmental modification, and avoiding re-traumatization is the essential foundation. Trauma-informed care is a universal precaution approach applied to all patients, not a specialized pathway for identified patients. Every staff member must understand and apply the principles.

72. A — Whether the shared leadership model improved decision quality, increased staff engagement, and produced measurable unit outcomes evaluates whether the model achieved its intended purpose. Process measures like satisfaction and workload reduction are important but secondary to the fundamental question of whether distributed leadership produces better results.

73. B — Structured opportunities for processing past events including facilitated discussions, narrative expression, peer support, and professional counseling, combined with systemic factor remediation, addresses both the accumulated emotional burden and the organizational conditions that created the original distress. Moral residue requires both individual healing and system change.

74. C — Placing hand sanitizer at eye level inside doorways and installing visual floor cues are classic nudges — environmental design changes that make the desired behavior the easiest and most natural choice without restricting options or imposing penalties. Nudge theory leverages environmental architecture to guide behavior unconsciously.

75. D — Redesigning governance to embed decision-making into existing workflows and meetings removes the primary participation barrier: additional time commitment. Demonstrating that participation leads to visible change addresses the motivation barrier. Staff want voice without the meeting burden of traditional governance structures.

76. A — Analyzing assignment data over thirty days comparing acuity scores, admission/discharge frequency, and total workload across all nurses provides objective evidence of whether inequity exists. Perception-based assessments are subjective, and observation samples are too small. Thirty days of data reveals patterns that single observations cannot detect.

77. A — A transparent submission process, rapid evaluation, protected development time, small-scale testing support, and a clear pathway from pilot to implementation provides the structural infrastructure innovation requires. Without a defined pathway from idea to implementation, innovation efforts stall at the concept stage.

78. C — Mapping interconnections between the discharge process and all affected downstream systems, identifying cross-system effects, engaging stakeholders across the system, and implementing coordinated solutions exemplifies systems thinking. Systems thinking recognizes that optimizing individual components may not optimize the whole system.

79. B — A multipronged approach addressing recruitment, retention, employer branding, academic pipeline development, and compensation benchmarking provides the comprehensive workforce strategy a sustained fifteen percent vacancy rate requires. Single-strategy approaches address one dimension while leaving other contributing factors unresolved.

80. C — Evaluating the conscientious objection's legitimacy, arranging an alternative assignment without penalty, and ensuring the refusal does not burden colleagues follows the established framework for managing religious-based patient care refusals. Most states and professional organizations recognize conscience-based objections provided patient care is not compromised and colleagues are not inequitably burdened.

81. D — Analyzing first-year retention, competency progression, patient outcomes, satisfaction, time to independent practice, and cost-effectiveness provides the comprehensive evaluation a two-year program requires. Residency programs must demonstrate value across multiple dimensions including clinical, operational, and financial outcomes.

82. A — Immediately reporting to the privacy officer, following HIPAA policy, addressing through progressive discipline, and ensuring legally required breach reporting covers all organizational and legal obligations. Unauthorized access to celebrity records is a clear HIPAA violation requiring formal investigation and reporting regardless of whether the information was shared.

83. C — Specific feedback using concrete examples, a team project requiring interpersonal navigation, real-time coaching during challenging interactions, and outcome debriefing builds emotional intelligence through experiential learning. EI develops through practice with feedback, not through self-assessment tools or observation alone.

84. B — Refraining from retaliation, investigating the concern, taking corrective action if warranted, and consulting legal counsel on whistleblower obligations follows the required organizational response. Whistleblower protection laws prohibit retaliation regardless of whether the employee used internal channels first. The staffing concern itself requires genuine investigation.

85. B — Immediately reassigning the orientee to eliminate the supervisory conflict of interest, discussing boundary expectations with the preceptor, and following organizational policy addresses the core issue: the preceptor cannot objectively evaluate an orientee with whom she has a romantic relationship. The evaluative conflict of interest must be eliminated first.

86. D — Benner's competent stage nurses benefit from guided clinical experiences with structured reflection, mentoring, and progressive complexity exposure. Competent nurses have developed the ability to see actions in terms of plans but need guided practice to develop the proficiency and expertise that come from deliberate pattern recognition.

87. A — Educating on legal documentation requirements, providing proper examples, integrating EHR prompts, and auditing compliance addresses the documentation gap systematically. "Patient appears comfortable" without objective data fails to meet the legal standard of care documentation because it cannot be verified or reproduced.

88. D — Presenting a data-driven analysis linking the staffing reduction to projected safety outcomes, proposing alternative cost strategies, and escalating if the directive is maintained demonstrates professional integrity through evidence-based advocacy. Silently complying with a directive believed to compromise safety abdicates the professional advocacy obligation.

89. A — Whether participation creates a real or perceived conflict of interest regarding the pharmaceutical company's products is the primary ethical consideration. Advisory board compensation from a company whose products the nurse manager may influence through formulary decisions creates a conflict that could compromise objectivity.

90. C — Mandatory reporting obligations apply to nurses independently of physician agreement in every state. The nurse manager must support the nurse in filing through proper channels and notify social work. Physician disagreement with the suspicion does not absolve the nurse's independent mandatory reporting obligation.

91. D — Cooperating with legal, providing documentation, refraining from discussing the case, and avoiding retaliatory actions follows the required organizational response to a wrongful termination lawsuit. Independent actions by the nurse manager could compromise the organization's legal defense or create additional liability.

92. C — Task analysis identifying safely delegatable activities, competency development, UAP training, revised role implementation, and quality monitoring ensures safe, structured delegation. Practicing at the top of license requires systematic analysis of which tasks can be safely transferred rather than blanket reassignment without competency assurance.

93. C — Consulting HR and EAP, ensuring workplace safety for the alleged victim, implementing workplace violence policies, and referring both to support addresses all dimensions: immediate safety, organizational compliance, and employee support. Domestic violence situations that enter the workplace require coordinated organizational response.

94. B — The correlation between certification and outcomes may be confounded by the experience variable. Certified nurses with more experience may produce better outcomes because of experience rather than certification. Controlling for experience isolates certification's independent effect. Confounded data cannot support causal claims.

95. A — Supporting academic freedom, facilitating constructive dialogue between the nurse and administration, and advocating for using the research to drive improvement demonstrates professional integrity. Published peer-reviewed research contributes to the profession's knowledge base. Organizational discomfort with findings should drive improvement, not suppression.

96. C — Commercial insurance at \$12,400 per case is the only payer reimbursing above the \$9,000 average cost per case, generating \$3,400 positive margin per case. Medicare reimburses below cost (\$8,200 vs \$9,000), Medicaid significantly below cost (\$5,100 vs \$9,000), and self-pay far below cost (\$1,800 vs \$9,000). Commercial payers subsidize losses from other categories.

97. C — Zero-based budgeting requires analyzing each expense category based on current needs, projected volumes, and strategic priorities, justifying every allocation from zero with data, and prioritizing by contribution to care and organizational goals. Unlike incremental budgeting, zero-based starts from scratch each year rather than adjusting the prior year's baseline.

98. D — The contribution margin after all costs combined with the downstream impact of reduced readmissions and ED visits captures the clinic's complete financial value. Heart failure clinics generate value primarily through avoided downstream costs (prevented hospitalizations) rather than direct clinic revenue alone.

99. B — Analyzing root causes of premium labor including vacancy rates, call-out patterns, scheduling inefficiency, and workload distribution enables targeted solutions for the highest-impact drivers. Sustainable premium labor reduction requires understanding why overtime and agency are being used before implementing restrictions.

100. A — Reduced length of stay, improved patient understanding, fewer communication-related safety events, and higher HCAHPS scores affecting VBP reimbursement translates the clinical benefits of bedside rounds into the financial language decision-makers require. The strongest business cases connect clinical improvements to measurable financial outcomes.

101. D — Reviewing agreements, analyzing financial impact, developing a revised policy balancing equity and operations, communicating with notice, and negotiating transitions respects existing commitments while addressing the financial consequence. Abrupt termination of negotiated arrangements damages trust while indefinite continuation ignores the cost impact.

102. D — The number of medication errors prevented annually multiplied by the average cost per error compared to the implementation cost provides the most direct ROI calculation. Medication verification technology's primary value proposition is error prevention, and the financial case must quantify the cost of prevented adverse events.

103. B — Collaborating with supply chain on substitutes, establishing data-based par levels, implementing priority allocation, and communicating proactively provides a structured response. Supply shortages require clinical evaluation of alternatives, demand management, and transparent staff communication rather than hoarding or premium purchasing.

104. D — Calculating total cost per healed wound including supply costs, nursing labor for dressing changes, and healing time implications provides the only complete cost-effectiveness comparison. Unit cost comparisons are misleading because lower-cost products requiring more frequent changes and longer healing times may cost more overall.

105. C — Reduction in readmissions, ED visits, and treatment delays translated into avoided costs exceeding the navigator's compensation provides the quantifiable financial return. Navigator positions are justified by demonstrating that the downstream cost savings from coordinated care exceed the position's total investment.

106. B — A balanced overview connecting financial performance to quality, patient experience, and strategic alignment demonstrates the relationship between investment and results. Finance committees evaluate whether resources produce measurable value, making the connection between spending and outcomes the most compelling presentation strategy.

107. B — Impact on nurse workflow including time saved from family calls, patient experience scores, and family satisfaction provides the most comprehensive evaluation. Communication technology must demonstrate both operational efficiency and experiential improvement to justify the annual investment.

108. D — The gap between an eight percent CMI increase and a three percent reimbursement increase indicates a potential revenue capture problem that may reflect incomplete documentation, undercoding, or unfavorable payer terms. Higher acuity patients should generate proportionally higher reimbursement. When they do not, the discrepancy requires investigation.

109. C — HPPD correlated with acuity, skill mix, overtime and agency utilization, nurse-sensitive outcomes correlated with staffing, staff satisfaction, and vacancy and turnover rates provides the most

comprehensive staffing effectiveness picture. Effective staffing reports connect staffing patterns to both financial and quality outcomes.

110. B — Quantifying the impact of delays with tracking data, disruption time, patient care implications, and friction costs, then negotiating specific targets with mutual accountability provides the evidence-based negotiation approach. Effective interdepartmental negotiations require data demonstrating the impact of the current state on both departments.

111. C — Eight departures \times \$48,000 per replacement = \$384,000 total annual turnover cost. Turnover cost calculations must include all components: recruitment, pre-employment screening, orientation, training, and productivity loss during the learning curve for each new hire. This figure demonstrates the financial imperative of retention investment.

112. D — Whether the centralized model maintains adequate clinical response capability when deterioration is identified is the most critical operational concern. Remote monitoring that detects deterioration without the ability to respond rapidly at the bedside creates a dangerous gap between detection and intervention.

113. B — Partnering with CDI to educate nursing on documentation's coding impact, implementing EHR prompts, and tracking revenue capture addresses the connection between bedside nursing documentation and organizational reimbursement. Nursing assessments directly influence severity of illness and risk of mortality adjustments that affect DRG assignment.

114. C — Contracts with temporary staffing agencies including orientation, competency validation, unit familiarization, and supervision provisions ensure that replacement nurses can provide safe patient care during a work stoppage. Without competent replacement staff, the organization cannot maintain operations regardless of other contingency elements.

115. B — A cost decrease with stable quality may reflect genuine efficiency, but the manager should investigate sustainability and whether lagging indicators have not yet been affected. Cost reductions that precede quality decline show stable contemporaneous metrics while the effects of understaffing or deferred maintenance have not yet materialized.