

PRACTICE EXAM 8 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager overhears a certified nursing assistant tell a patient, "I don't make the rules — if you have a complaint, talk to the nurse." The patient appears frustrated and the CNA walks away. Which action is MOST appropriate?

- A. Address the issue at the next CNA staff meeting as a general reminder about professional communication expectations
- B. Speak with the CNA privately about the interaction, coach on how to acknowledge patient concerns and escalate appropriately, and follow up with the patient to address the unresolved issue
- C. Document the interaction and include it in the CNA's next performance evaluation as evidence of unprofessional patient communication
- D. Reassign the patient to a different CNA since the relationship has been damaged by the dismissive interaction

2. A nurse manager is preparing the unit for a transition to a shared electronic documentation system with an affiliated outpatient clinic. Nurses from both settings will be able to view and contribute to the same patient record. Inpatient nurses express concern that outpatient documentation standards are less rigorous. Which action is MOST appropriate?

- A. Require outpatient nurses to adopt the inpatient documentation standards as a condition of shared record access
- B. Implement separate documentation sections within the shared record so that inpatient and outpatient entries are clearly distinguished
- C. Allow each setting to maintain its own documentation standards since the different practice environments have different regulatory requirements
- D. Convene a joint working group with representatives from both settings to develop shared documentation standards that meet the requirements of both practice environments and regulatory frameworks

3. A nurse manager is leading a quality improvement project that requires data collection from a reluctant medical records department. The HIM director has declined two meeting requests and responded to emails with vague promises of future cooperation. The project timeline is at risk. Which escalation strategy is MOST appropriate?

A. Send a formal written complaint to the HIM director's supervisor documenting the lack of cooperation and its impact on the project

B. Proceed with the project using whatever data is currently available rather than delaying further for the medical records department

C. Ask the chief nursing officer to contact the HIM director directly and mandate cooperation with the quality improvement project

D. Attempt one more direct outreach framing the request around mutual benefits, establish a specific deadline, and if unsuccessful, escalate to the project's executive sponsor with documentation of the outreach attempts

4. A nurse manager is working with a patient who has filed a formal grievance through the hospital's patient grievance process. The patient alleges that a nurse was verbally abusive during a painful procedure. The CMS Conditions of Participation require that patient grievances receive a written response within a defined timeframe. Which element is MOST essential in the response?

A. Acknowledgment of the grievance, a description of the investigation conducted, the findings and any actions taken to address the concern, and information about further appeal options if the patient is unsatisfied

B. An apology from the nurse involved in the incident along with assurance that the behavior will not be repeated

C. A detailed clinical explanation of why the procedure was painful and how the nurse's communication during the procedure was clinically appropriate

D. A referral to the patient advocate department for ongoing support and a promise that the nurse will be reassigned away from the patient

5. A nurse manager receives notification that a staff nurse's spouse has been admitted to the same hospital on a different unit. The staff nurse asks to visit her spouse during work hours. Several colleagues offer to cover the nurse's patients temporarily. Which response is MOST appropriate?

- A. Deny the request since leaving assigned patients during a shift creates patient safety risk regardless of the personal circumstances
- B. Allow a brief visit during a break or meal period with appropriate coverage arranged, demonstrate compassion while maintaining patient care continuity, and offer additional support such as schedule modification if needed
- C. Grant the nurse the remainder of the shift off using personal time and arrange for complete patient coverage through the staffing office
- D. Allow unlimited visiting during the shift as long as the nurse's colleagues voluntarily agree to cover all of her assigned patients

6. A nurse manager is leading a unit where two cliques have formed around two informal leaders who have opposing views on most unit issues. Staff members feel pressured to align with one group or the other, and neutral staff report feeling ostracized by both sides. Which intervention is MOST effective?

- A. Transfer one of the informal leaders to another unit to break the power dynamic and allow the remaining group to integrate
- B. Ignore the clique dynamics and focus on individual staff performance since social groupings are a natural workplace phenomenon
- C. Create crossclique project teams with shared accountability for unit-level outcomes, establish norms that value diverse perspectives, and address the polarizing behaviors of the informal leaders directly through individual conversations
- D. Convene a unitwide meeting where the clique dynamics are discussed openly and staff are asked to commit to more inclusive behavior

7. A nurse manager is developing a communication strategy for implementing a new visitor restriction policy that limits each patient to two visitors at a time. The policy change is driven by infection prevention data showing that high visitor traffic correlates with increased infection rates. The previous policy allowed unlimited visitors. Which communication approach is MOST effective?

- A. Post the new policy at the unit entrance and instruct the unit secretary to enforce the two-visitor limit for all patients
- B. Implement the policy gradually by first restricting visitors during meal times, then expanding restrictions incrementally over several weeks

C. Communicate the policy in advance to staff, patients, and families with clear rationale, provide alternatives such as virtual visiting options, establish an exception process for endoflife situations, and train staff on compassionate enforcement

D. Allow each nurse to exercise professional judgment about visitor numbers based on individual patient circumstances rather than enforcing a strict limit

8. A nurse manager is coaching a nurse who provides excellent oneonone patient care but consistently misses teambased deadlines for quality improvement projects, committee deliverables, and shared documentation requirements. The nurse states that direct patient care should always take priority over "administrative tasks." Which coaching approach is MOST effective?

A. Agree that patient care is the highest priority and reduce the nurse's nonclinical responsibilities to match her preference

B. Issue a written warning for failure to meet professional responsibilities beyond direct patient care

C. Assign the nurse exclusively to quality improvement work for one month so she can appreciate the importance of these activities

D. Discuss how teambased responsibilities directly support patient care quality, connect the nurse's individual contributions to unit outcomes, collaboratively prioritize and schedule nonclinical deliverables, and follow up on commitments

9. A nurse manager is responsible for a unit that has recently transitioned to twelvehour shifts. Several nurses report that they are unable to attend scheduled interdisciplinary meetings, governance council sessions, and professional development activities because these events occur during their days off. Which solution BEST balances participation with the twelvehour schedule?

A. Offer multiple participation formats including inperson attendance during work hours, virtual attendance options, asynchronous engagement through recorded sessions and written input, and compensation for attendance during offduty hours when required

B. Schedule all meetings and activities during the fourhour overlap period between day and night shifts when most nurses are on the unit

C. Require nurses to attend meetings on their days off as a professional obligation and compensate them with additional time off rather than overtime pay

D. Eliminate mandatory attendance requirements for all meetings and allow nurses to participate voluntarily based on their schedule availability

10. A nurse manager discovers that the unit's patient experience scores have declined specifically in the area of "responsiveness to the call button" despite adequate staffing levels. Realtime observation reveals that nurses frequently delegate call light responses to nursing assistants, and nursing assistants are often occupied with other tasks when call lights activate. Which intervention is MOST targeted?

A. Install a new call light system that routes calls directly to the assigned nurse's personal communication device rather than the central station

B. Implement a tiered call light response system where the assigned nurse and nursing assistant receive simultaneous notification, establish a maximum response time standard, create a secondary responder protocol when the primary responder is unavailable, and monitor compliance

C. Require that only registered nurses respond to call lights since patient concerns may involve clinical assessment needs

D. Add a dedicated call light response aide position to ensure that a staff member is always immediately available

11. A nurse manager is implementing a standardized approach to managing workplace incivility. Research shows that eighty percent of incivility goes unreported because staff believe leadership will not act. Which action MOST directly addresses this barrier?

A. Demonstrate visible, consistent responses to reported incivility by investigating every report, providing feedback to reporters on the outcome, publicly reinforcing behavioral expectations, and holding all staff accountable regardless of seniority or position

B. Implement an anonymous reporting hotline specifically for incivility complaints to encourage reporting without fear of identification

C. Conduct a mandatory civility training workshop for all staff and require signed acknowledgment of behavioral expectations

D. Post the organization's code of conduct in all common areas and reference it during new employee orientation sessions

12. A nurse manager is mediating a dispute between the day shift and night shift over the allocation of new ergonomic chairs for nursing workstations. Only enough chairs have been purchased for half of the workstations. Day shift argues they should receive the chairs because they have the highest census and most activity. Night shift argues they should receive the chairs because they have longer consecutive sitting periods during documentation. Which resolution approach is MOST equitable?

- A. Distribute the chairs equally between day and night shift workstations regardless of the specific arguments presented by each group
- B. Assess the ergonomic needs of each shift based on objective criteria including task analysis, duration of sitting activities, and existing injury data, then allocate the chairs based on the assessment findings while requesting funding for the remaining workstations
- C. Allow the unit governance council to decide the allocation through a formal vote so the decision is made democratically
- D. Request additional funding immediately to purchase chairs for all workstations and delay any allocation until the full order can be placed

13. A nurse manager is preparing a presentation for the hospital's board of trustees about the unit's contribution to the organization's community health mission. The board includes business leaders, attorneys, and community members with no healthcare background. Which presentation strategy is MOST effective?

- A. Use clinical quality metrics and benchmarking data to demonstrate the unit's performance against national standards
- B. Focus on financial performance data including revenue, expenses, and contribution margin to demonstrate the unit's fiscal value
- C. Tell patient stories that illustrate the unit's impact on individual lives and community health, support the stories with accessible outcome data, and connect the unit's work to the organization's mission statement
- D. Provide a detailed overview of the unit's clinical programs, staffing model, and operational processes so the board understands how healthcare delivery works

14. A nurse manager is working to improve communication between nurses and a group of hospitalists who use a teambased coverage model where a different hospitalist rounds each day. Nurses report that care plans change daily based on which hospitalist is rounding, creating confusion and frustration. Which action is MOST appropriate?

- A. Facilitate a meeting with the hospitalist group to discuss the impact of inconsistent care plans on nursing workflow and patient outcomes, advocate for standardized care pathways that reduce practice variation, and develop a communication process ensuring care plan continuity across provider transitions

- B. Instruct the nursing staff to follow the care plan documented by whichever hospitalist rounded most recently and disregard conflicting previous plans
- C. Request that the hospital assign a single hospitalist to each patient for the duration of the hospitalization to eliminate the rotation-driven inconsistency
- D. Develop nursing-driven care plans that remain consistent regardless of which hospitalist is rounding and update them only when the attending documents a specific reason for change

15. A nurse manager is leading the development of a patient and family advisory council for the unit. The council will include current or former patients, family members, and nursing staff who collaborate on improving the patient experience. Which structural element is MOST important for the council's success?

- A. Compensation for patient and family members who participate on the advisory council to demonstrate organizational value for their time
- B. A requirement that advisory council recommendations be implemented within sixty days to demonstrate organizational responsiveness
- C. Clear expectations about the council's scope of influence, a genuine commitment from leadership to act on recommendations, regular feedback to the council on how their input was used, and a diverse membership that represents the unit's patient population
- D. Restriction of council membership to patients who had positive experiences so that discussions remain constructive and solution-focused

16. A nurse manager is addressing a communication gap between the unit and the diagnostic imaging department. Nurses report that they are not informed when patients return from imaging procedures, resulting in delayed reassessment and monitoring. The imaging department states that they notify the unit via the electronic tracking system, but nurses report not checking the system routinely. Which solution is MOST effective?

- A. Implement an automated realtime notification system that pushes alerts to the assigned nurse's communication device when a patient's status changes in the tracking system, supplemented by a verbal confirmation requirement from transport upon patient return
- B. Require the imaging department to call the unit by telephone every time a patient is being transported back from a procedure

C. Assign the unit secretary to monitor the electronic tracking system continuously and notify nurses when their patients return from imaging

D. Place the responsibility on the transport team to inform the charge nurse when a patient has been returned from diagnostic imaging

17. A nurse manager is preparing to facilitate a critical incident stress debriefing after the unit experienced the unexpected death of a pediatric patient. Staff members are visibly shaken, and several nurses have expressed guilt about whether they could have intervened differently. Which facilitation approach is MOST appropriate?

A. Conduct the debriefing within twentyfour to seventytwo hours of the event using a trained facilitator, create a safe space for emotional processing, focus on normalizing stress responses rather than assigning clinical blame, provide information about available support resources, and follow up individually with staff who show signs of prolonged distress

B. Wait one week before conducting the debriefing to allow staff time to process the event emotionally before discussing it in a group setting

C. Conduct the debriefing immediately and include a clinical review of the case to help staff understand whether different interventions could have changed the outcome

D. Skip the formal debriefing and instead ask the employee assistance program to make counselors available on the unit for staff who wish to seek support individually

18. A nurse manager is building a relationship with a new chief medical officer who has a reputation for being datadriven and dismissive of qualitative information. The nurse manager wants to advocate for additional nursing resources on the unit. Which approach is MOST likely to gain the CMO's support?

A. Schedule a meeting focused exclusively on the personal impact of understaffing on nursing staff wellbeing and job satisfaction

B. Present a datadriven case linking current staffing levels to measurable quality and safety outcomes, benchmarking the unit's nursesensitive indicators against staffing data, and projecting the financial return of improved nursetopatients ratios

C. Request that the chief nursing officer present the staffing case to the CMO since nursetonurse communication may be more effective than nursingtophysician advocacy

D. Invite the CMO to round on the unit during a highacuity shift so the physician can observe firsthand the staffing challenges nurses face

19. A nurse manager receives a complaint from a patient who is deaf and uses American Sign Language. The patient reports that nursing staff have been communicating through written notes rather than arranging for an ASL interpreter, making clinical conversations superficial and inadequate. Which action should the nurse manager take FIRST?

A. Educate the nursing staff about the legal requirement for interpreter services and the inadequacy of written communication for complex clinical discussions

B. Document the complaint and submit it to the patient relations department for investigation and resolution through the formal grievance process

C. Apologize to the patient and explain that interpreter services are limited and written communication is the best alternative the unit can currently provide

D. Arrange for an ASL interpreter immediately for the patient, address the patient's concerns, review why interpreter services were not utilized, and implement a process ensuring interpreter access for all deaf patients

20. A nurse manager is implementing a structured mentoring program for internationally educated nurses transitioning to practice in the United States. The program must address clinical competency, cultural adaptation, communication norms, and professional integration. Which program element is MOST likely to predict successful transition?

A. A dedicated mentor who provides both clinical and cultural support, scheduled reflection sessions to process adaptation challenges, progressive independence milestones, peer cohort connections with other internationally educated nurses, and proactive identification and resolution of communication barriers

B. An extended orientation period that is twice the length of the standard orientation to allow additional time for cultural adaptation

C. Assignment to a preceptor who has personal experience as an internationally educated nurse and can share firsthand knowledge of the transition process

D. A standardized cultural competency examination that the internationally educated nurse must pass before advancing to independent practice

21. A nurse manager is addressing a pattern where physicians bypass the nurse manager and communicate directly with frontline nurses about operational issues such as staffing complaints, supply concerns, and workflow problems. The nurses then feel caught between the physician's expectations and the manager's decisions. Which approach is MOST effective?

- A. Meet with the physicians who have been bypassing the chain of communication, explain the impact on staff and workflow, establish appropriate communication pathways for operational concerns, and reinforce that operational decisions are within the nurse manager's scope
- B. Send a memo to all physicians on the unit explaining the proper chain of command for operational concerns and directing them to contact the nurse manager directly
- C. Instruct the frontline nurses to redirect all physician operational complaints to the nurse manager and decline to engage in discussions outside their scope
- D. Accept the direct physician to nurse communication pattern as a reflection of the collaborative interdisciplinary environment and address any legitimate concerns raised

22. A nurse manager is developing a communication plan for a planned six-week unit renovation that will require patients to be temporarily relocated to a swing space on another floor. The renovation will affect patient flow, family wayfinding, staff workflow, and interdepartmental coordination. Which communication planning element is MOST critical?

- A. A single comprehensive email to all stakeholders two weeks before the renovation begins with detailed maps, workflow changes, and contact information
- B. Signage at all affected locations directing patients, families, and staff to the temporary unit location during the renovation period
- C. A meeting with the construction team to establish working hours that minimize disruption to patient care activities during the renovation
- D. A phased communication plan targeting each stakeholder group with tailored information at appropriate intervals, including staff training on temporary workflows, patient and family notifications with wayfinding aids, and a realtime issue resolution process

23. A nurse manager is working with a staff nurse who received a critical peer review finding for a clinical decision that resulted in a patient safety event. The nurse is devastated and states she is considering leaving nursing entirely. She also expresses fear that her license is at risk. Which response is MOST supportive while maintaining professional accountability?

- A. Minimize the seriousness of the peer review finding to prevent the nurse from leaving and assure her that one event will not affect her license
- B. Agree that the situation is serious and suggest the nurse take a leave of absence to consider whether nursing is the right career choice

C. Refer the nurse to the employee assistance program and allow her supervisor to handle the emotional and professional dimensions

D. Acknowledge the emotional impact, provide information about the peer review process and its purpose for improvement rather than punishment, address the licensure concern accurately, develop a remediation plan collaboratively, connect the nurse with support resources, and follow up regularly

24. A nurse manager is implementing a patient teachback verification program. The program requires nurses to verify patient understanding of discharge instructions using the teachback method before discharge can proceed. Several experienced nurses resist, stating that they can tell whether a patient understands without a formal verification process. Which response is MOST appropriate?

A. Acknowledge the experienced nurses' clinical intuition while presenting evidence that teachback identifies comprehension gaps that experienced clinicians consistently miss, pilot the program with objective outcome data comparing teachback to clinical judgment, and use the results to build support

B. Exempt experienced nurses with more than ten years of practice from the teachback requirement and apply it only to less experienced staff

C. Implement the teachback requirement as mandatory for all nurses without addressing the experienced nurses' objections directly

D. Allow nurses to choose between teachback and their own assessment method and compare patient comprehension outcomes between the two approaches

25. A nurse manager is responsible for communicating a reduction in force that will eliminate two nursing positions on the unit. The affected nurses have been identified but have not yet been notified. The nurse manager has been instructed to keep the information confidential until the formal notification occurs. However, rumors have already begun circulating. Which action is MOST appropriate?

A. Confirm the rumors privately with trusted charge nurses so they can prepare to support their teams when the official announcement is made

B. Deny the rumors when asked directly by staff since the nurse manager has been instructed to maintain confidentiality until formal notification

C. Acknowledge to staff that organizational changes are being discussed without confirming specifics, redirect questions to the timeline for official communication, and avoid making false denials that will damage credibility when the truth emerges

D. Request that human resources accelerate the notification timeline since the rumors are creating anxiety that is worse than the formal announcement would be

26. A nurse manager is implementing a standardized approach to team debriefing after every patient code event. Currently, debriefings occur inconsistently and only after events with poor outcomes. Which implementation approach is MOST effective?

- A. Require the code team leader to conduct the debriefing immediately after every code regardless of the outcome
- B. Schedule debriefings within twentyfour hours of each code event and assign the charge nurse to facilitate using a standardized template
- C. Implement debriefings only after code events that result in patient death since these events have the greatest emotional and learning impact
- D. Establish a brief structured hot debrief immediately after every code event regardless of outcome using a standardized framework, followed by a more comprehensive cold debrief within seventytwo hours for events with learning opportunities or emotional impact

27. A nurse manager is addressing a pattern where a respiratory therapist consistently provides clinical recommendations directly to patients about their oxygen therapy management without coordinating with the bedside nurse. Patients are receiving conflicting information about when to use supplemental oxygen. Which action is MOST appropriate?

- A. Instruct the respiratory therapist to refrain from discussing oxygen management with patients and defer all patient education to the bedside nurse
- B. Report the respiratory therapist to the respiratory therapy director for overstepping professional boundaries and creating patient confusion
- C. Meet with the respiratory therapist to align oxygen education messaging, develop a coordinated patient education approach that leverages both disciplines' expertise, and establish a communication process for ensuring consistency
- D. Create a standardized oxygen education handout that both nursing and respiratory therapy use for all patients to eliminate variation in the information provided

28. A nurse manager is developing a plan to address medication reconciliation errors occurring at the point of hospital admission. Data shows that thirtytwo percent of admitted patients have at least one discrepancy between their reported home medication list and what is documented in the medical record. Which intervention is MOST effective?

A. Require patients to bring all medication bottles to the hospital at the time of admission so that nurses can verify medications directly

B. Implement a pharmacist-led admission medication reconciliation process for high-risk patients combined with nurse-led reconciliation for routine admissions, a standardized verification process using pharmacy databases, and follow-up communication with outpatient pharmacies when discrepancies are identified

C. Assign the admitting physician responsibility for medication reconciliation since physicians have the most comprehensive understanding of the patient's treatment plan

D. Require two-nurse verification of all admission medication lists with independent documentation by each nurse to identify discrepancies

29. A nurse manager is working to build a more effective relationship with the hospital's patient safety officer. Currently, the relationship is primarily transactional — the safety officer contacts the unit when an incident requires investigation, and the nurse manager provides documentation. Which approach would MOST effectively strengthen the partnership?

A. Invite the patient safety officer to participate in the unit's regular quality meetings, share proactive safety concerns and near-miss data, collaborate on risk reduction initiatives, and involve the safety officer in the unit's safety culture development efforts

B. Schedule a quarterly meeting with the patient safety officer to review all incident reports from the unit and discuss trends

C. Request that the patient safety officer assign a dedicated liaison to the unit who participates in all safety-related activities

D. Send monthly safety reports to the patient safety officer proactively rather than waiting for incident-driven contact

30. A nurse manager is developing a quality improvement initiative to reduce surgical site infections on a unit that cares for postoperative orthopedic patients. Current SSI rate is 3.2 per 100 procedures, compared to the national benchmark of 1.8. Which data should the nurse manager analyze FIRST?

A. Compliance with each element of the surgical site infection prevention bundle including preoperative skin preparation, antibiotic timing, normothermia maintenance, and glucose management, to identify which specific bundle components have the lowest adherence

B. Surgeon-specific SSI rates to determine whether certain surgeons contribute disproportionately to the overall infection rate

C. The unit's environmental cleaning protocols and operating room ventilation system maintenance records

D. A comparison of the unit's patient population comorbidities against the national benchmark population to determine whether risk adjustment accounts for the rate difference

31. A nurse manager reviews the following data on patient falls for the past twelve months:

Month	Falls	Patient Days	Rate/1,000 PD
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Jan–Mar	8	2,400	3.33
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Apr–Jun	5	2,500	2.00
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Jul–Sep	12	2,450	4.90
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Oct–Dec	6	2,550	2.35
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The fall prevention protocol was unchanged throughout the year. Which analysis is MOST important?

A. The overall annual rate should be calculated and compared to benchmark before investigating individual quarters

B. The JulSep spike represents a statistically expected fluctuation in small number data and does not require specific investigation

C. The AprJun and OctDec rates demonstrate that the fall prevention protocol is effective during most of the year

D. The JulSep spike warrants investigation of potential contributing factors such as seasonal staffing patterns, new graduate nurse orientation periods, patient population changes, and environmental factors specific to that quarter

32. A nurse manager is implementing a nurse-driven protocol for early recognition of clinical deterioration using the Modified Early Warning Score. The protocol requires nurses to calculate the MEWS score with every vital sign assessment and follow a tiered escalation pathway. During the first month, nurses report that the calculation adds three to four minutes per assessment. Which adjustment is MOST appropriate?

- A. Extend the vital sign assessment interval from every four hours to every six hours to compensate for the additional time required for MEWS calculation
- B. Assign the MEWS calculation to the nursing assistant who collects vital signs since the calculation is mathematical rather than clinical
- C. Reduce the frequency of MEWS scoring to every eight hours since continuous scoring is unnecessary for stable patients
- D. Integrate the MEWS calculation into the electronic vital sign documentation flow so that the score is automatically calculated from entered vital sign values, eliminating manual computation

33. A nurse manager is responsible for a unit in a critical access hospital located in a rural area. The nearest tertiary care center is ninety miles away. A patient on the unit develops symptoms consistent with an acute stroke. The unit does not have a neurologist available. Which action is MOST appropriate?

- A. Activate the hospital's telestroke protocol to connect with a remote neurologist for realtime evaluation and treatment guidance while preparing for potential emergent transfer if thrombolytic therapy or endovascular intervention is indicated
- B. Transfer the patient immediately to the tertiary care center since stroke care requires specialized neurological resources that the critical access hospital cannot provide
- C. Administer thrombolytic therapy based on the emergency physician's clinical assessment since the time sensitivity of stroke treatment does not allow for neurological consultation
- D. Stabilize the patient and arrange for a neurologist to travel to the critical access hospital for evaluation within the next twentyfour hours

34. A nurse manager is developing a plan to ensure compliance with the CMS requirement for antimicrobial stewardship programs. The unit's current antibiotic prescribing data shows that fortyfive percent of broadspectrum antibiotics are continued beyond seventytwo hours without documentation of a clinical rationale. Which intervention is MOST effective?

- A. Require all physicians to document a clinical rationale for continuing broadspectrum antibiotics beyond seventytwo hours
- B. Implement a blanket policy restricting all broadspectrum antibiotics to a maximum seventytwohour duration without exception
- C. Present the prescribing data to the pharmacy and therapeutics committee and request they develop a stewardship protocol

D. Implement a pharmacist-triggered automatic antibiotic review at seventy-two hours that prompts either deescalation, discontinuation, or documented justification for continuation, with real-time pharmacist-physician collaboration

35. A nurse manager is evaluating the unit's compliance with evidence-based glucose management protocols for noncritically ill hospitalized patients. Data shows that hyperglycemic events occur most frequently during the night shift, and insulin sliding scale orders are inconsistently applied. Which intervention is MOST targeted?

A. Request that the endocrinology service manage all hyperglycemic patients on the unit to ensure consistent glucose management

B. Analyze the specific causes of nocturnal hyperglycemia including meal timing, insulin administration timing, and monitoring frequency, educate night shift staff on the glycemic management protocol, and implement a standardized bedtime glucose check with protocol-driven intervention

C. Implement a continuous glucose monitoring system for all diabetic patients on the unit to detect hyperglycemic trends in real time

D. Require all night shift nurses to complete an advanced diabetes management course within sixty days

36. A nurse manager is responsible for a unit that cares for patients receiving chemotherapy. A nearmiss event occurred when a nurse prepared to administer a chemotherapy agent without wearing the required personal protective equipment. The nurse stated she forgot because she was managing multiple urgent patient needs simultaneously. Which system-level intervention is MOST effective?

A. Require all nurses who administer chemotherapy to complete an annual PPE competency validation with return demonstration

B. Implement a buddy system where a second nurse verifies PPE donning before every chemotherapy administration

C. Post reminders about chemotherapy PPE requirements at every medication preparation station and in every patient room receiving chemotherapy

D. Redesign the chemotherapy administration workflow to include a mandatory PPE verification checkpoint integrated into the electronic medication administration record that must be confirmed before the system allows the medication to be scanned

37. A nurse manager is developing an evidencebased pressure injury prevention program. The unit's Stage 2 and above pressure injury rate is 2.8 per 1,000 patient days, compared to a benchmark of 1.0. A Pareto analysis reveals that seventyfive percent of pressure injuries develop on the sacrum and heels. Which intervention should receive the HIGHEST priority?

A. Implement targeted sacral and heel pressure redistribution interventions including prophylactic dressings, heel elevation devices, and scheduled repositioning with specific attention to these anatomical sites, based on individual risk assessment

B. Purchase pressureredistribution mattresses for all beds on the unit to provide universal prevention regardless of individual risk factors

C. Implement a comprehensive headto toe skin assessment every shift for all patients to identify developing pressure injuries earlier

D. Consult with the wound care specialist to evaluate each current pressure injury and develop individualized treatment plans

38. A nurse manager is implementing a patient identification safety initiative after two wrongpatient nearmiss events in the past month. Both events involved patients with similar names in adjacent rooms. Which intervention MOST directly addresses the root cause?

A. Reassign patients with similar names to nonadjacent rooms whenever bed availability allows

B. Require threidentifier verification (name, date of birth, and medical record number) instead of the standard twoidentifier process

C. Place a colored alert sticker on the charts and armband of patients with similar names to flag the potential for confusion

D. Implement a standardized active identification process requiring the patient to state their name and date of birth (rather than the nurse reading it to the patient), supplemented by barcode verification technology and room assignment protocols for patients with similar names

39. A nurse manager is reviewing the unit's performance on the CMS Hospital Inpatient Quality Reporting Program measures. One measure tracks the percentage of ischemic stroke patients who receive education on stroke warning signs, prescribed medications, diet, exercise, and followup before discharge. Current compliance is fiftyeight percent. Which barrier is MOST likely contributing to low compliance?

- A. Nurses may not be adequately trained to provide comprehensive stroke education to patients and families before discharge
- B. The discharge education documentation may not be structured to capture all required education components in a single workflow, resulting in fragmented documentation that appears incomplete even when education was provided
- C. Stroke patients may be too cognitively impaired to receive education, creating a clinical barrier to compliance with the quality measure
- D. The measure may not be applicable to the unit's patient population because the unit does not specialize in neurological care

40. A nurse manager is developing a plan to reduce the unit's rate of unplanned extubations. Current data shows an unplanned extubation rate of 2.8 per 100 ventilator days, compared to the benchmark of 1.5. A review of events reveals that sixty percent of unplanned extubations occur during patient repositioning and nursing care activities. Which intervention is MOST targeted?

- A. Increase sedation levels for all mechanically ventilated patients to reduce the risk of patient self-extubation
- B. Implement a standardized two-person approach for all repositioning of mechanically ventilated patients with one person dedicated to airway management, combined with education on proper endotracheal tube securing techniques and regular assessment of tube fixation integrity
- C. Restrict patient repositioning to physician-approved scheduled intervals to minimize the frequency of repositioning events
- D. Purchase a new endotracheal tube securement device that provides better fixation than the current device used on the unit

41. A nurse manager is responsible for a unit that provides care to bariatric surgery patients. The unit needs specialized equipment including bariatric beds, patient lifts, and larger blood pressure cuffs. Current equipment is insufficient and staff report using workarounds that compromise patient dignity and safety. Which action is MOST appropriate?

- A. Develop a comprehensive equipment needs assessment documenting the specific gaps, the safety risks associated with current workarounds, the patient dignity concerns, and a cost-benefit analysis projecting injury prevention savings, and present the proposal to organizational leadership
- B. Request that bariatric patients be assigned to units that already have the appropriate equipment rather than admitting them to the inadequately equipped unit

C. Purchase the most critical equipment items using the unit's operating budget without formal approval to address the immediate safety concern

D. Document each instance of inadequate equipment use and submit the documentation to risk management as evidence of an organizational liability exposure

42. A nurse manager is evaluating the unit's readiness to implement a clinical pathway for total knee arthroplasty patients. The pathway specifies dayof surgery mobilization, multimodal pain management, and a targeted twoday length of stay. Currently, the average length of stay is four days and mobilization typically begins on postoperative day one. Which readiness assessment finding is MOST critical?

A. Whether the orthopedic surgeons support the dayof surgery mobilization protocol and the targeted twoday length of stay

B. Whether the physical therapy department has the capacity to provide sameday postoperative mobilization for every total knee arthroplasty patient

C. Whether the unit's nursing staff have received education on multimodal pain management and early mobilization techniques specific to total knee arthroplasty patients

D. Whether the insurance payers covering the unit's patient population will reimburse for a twoday stay or require additional clinical justification for discharge at that timeframe

43. A nurse manager is developing a response to a new state regulation requiring nurse staffing committees with directcare nurse representation to develop and oversee the hospital's staffing plan. Which action is MOST appropriate?

A. Wait for the hospital's administration to interpret the regulation and provide guidance before taking any action at the unit level

B. Volunteer to serve on the staffing committee and bring unitlevel staffing data to inform the committee's decisionmaking

C. Request that the state nursing association provide a model staffing plan that the hospital can adopt to meet the new regulatory requirement

D. Identify interested directcare nurses from the unit to serve on the staffing committee, prepare unitspecific staffing and outcome data for their use, and support their participation by providing protected time for committee activities

44. A nurse manager is reviewing the unit's Medication Use Evaluation data and discovers that vancomycin trough levels are drawn at the appropriate time in only sixtyone percent of cases. Mistimed trough levels lead to inaccurate dosing adjustments and potential toxicity. Which intervention is MOST effective?

A. Require the pharmacy to call the unit thirty minutes before each scheduled vancomycin trough draw as a reminder

B. Integrate vancomycin trough timing into the electronic medication administration record with automated alerts that notify the assigned nurse when the draw window opens, and create a documentation requirement confirming the draw was obtained within the window

C. Assign a dedicated phlebotomist to the unit during peak vancomycin dosing hours to draw all trough levels at the correct time

D. Educate all nursing staff on the importance of trough timing and post a reference guide at each medication preparation station

45. A nurse manager is informed that the hospital will begin accepting patients enrolled in a Medicaid managed care plan that has historically had high denial rates for inpatient admissions. The managed care plan requires prior authorization for all admissions exceeding twentyfour hours. Which action is MOST important for the nurse manager?

A. Educate nursing staff on the prior authorization requirements and implement a process for timely notification of utilization management

B. Request that the hospital's contracting department renegotiate the managed care plan's authorization requirements before accepting enrollees

C. Train nurses to document patient acuity more thoroughly to support the medical necessity for admission beyond twentyfour hours

D. Collaborate with utilization management and case management to develop a proactive authorization workflow that integrates prior authorization triggers into the nursing admission assessment, ensures timely clinical documentation, and establishes escalation procedures for denial management

46. A nurse manager is developing a standardized procedure for managing patient belongings on the unit. Current practice is inconsistent, and several patients have reported lost or damaged personal items. Two families have filed formal claims. Which process improvement is MOST comprehensive?

- A. Purchase lockable bedside cabinets for all patient rooms and instruct patients to store valuable items inside them during hospitalization
- B. Implement a standardized patient belonging inventory process upon admission that includes documented itemization, secure storage options, clear chainofcustody procedures, patient and family education about the policy, and an audit mechanism
- C. Post signage in all patient rooms advising patients that the hospital is not responsible for lost or stolen personal items
- D. Assign the unit secretary to inventory all patient belongings upon admission and maintain a log that is verified at discharge

47. A nurse manager is responsible for ensuring the unit meets the organizational target for timely completion of the initial patient assessment. The organizational standard requires completion within eight hours of admission. Current compliance is seventytwo percent. Analysis reveals that the most common reason for late assessments is that admissions cluster between four and eight o'clock in the evening, overwhelming the evening shift. Which intervention is MOST appropriate?

- A. Develop a flexible staffing plan that increases nursing capacity during the predictable highadmission period, streamline the assessment process to reduce completion time, and implement a realtime tracking system that alerts the charge nurse when assessments are approaching the deadline
- B. Request that the admitting office distribute admissions more evenly throughout the day to prevent evening clustering
- C. Extend the assessment completion deadline from eight hours to twelve hours to accommodate the evening admission volume
- D. Assign admission assessments exclusively to the night shift to distribute the workload away from the peak admission period

48. A nurse manager is implementing a rapid cycle improvement project to reduce the time between physician discharge order entry and actual patient departure. Current data shows an average of three hours and fortyfive minutes. The target is two hours. A process map reveals that the longest single delay is waiting for discharge prescriptions from the pharmacy, averaging seventyfive minutes. Which PDSA cycle should be tested FIRST?

- A. Test a process where the physician enters discharge orders the evening before anticipated discharge so pharmacy can prepare prescriptions overnight

B. Test having a second nurse verify discharge instructions while the primary nurse waits for pharmacy to deliver the prescriptions

C. Test a process where the pharmacy receives a pre-discharge alert when the physician documents anticipated discharge on the care plan, allowing prescriptions to be prepared before the formal discharge order is entered

D. Test a patient discharge lounge where patients wait for prescriptions after leaving the inpatient bed to improve bed turnaround

49. A nurse manager is developing the unit's influenza season preparedness plan. Based on historical data, the unit typically experiences a twenty to thirty percent increase in patient volume during peak flu season, combined with a fifteen percent increase in staff sick calls. Which preparedness element is MOST critical?

A. Stockpiling additional personal protective equipment, medications, and supplies in advance of flu season

B. Mandating influenza vaccination for all staff to reduce illness-related absences during peak season

C. Developing a scalable staffing contingency plan that identifies sources of supplemental staff, cross-training for role flexibility, and tiered census management strategies that can be activated as volume and staff absences increase

D. Implementing visitor screening and restriction protocols during flu season to reduce the introduction of influenza to the patient population

50. A nurse manager reviews the following data:

Metric	Unit	Benchmark
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RN turnover rate	22%	18%
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RN vacancy rate	14%	10%
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Agency utilization	18% of hours	8% of hours
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Overtime rate	6% of hours	4% of hours
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HPPD	8.2	8.5
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Which interpretation provides the MOST actionable analysis?

- A. The unit is overstaffed relative to benchmark HPPD and should reduce staffing to bring HPPD in line with the target
- B. The unit's workforce metrics reveal an interconnected cycle where high turnover drives vacancies, vacancies drive agency and overtime utilization, and the combined effect of agency and overtime may be contributing to the lower than benchmark HPPD by creating a less productive workforce, requiring a comprehensive retention focused strategy
- C. The agency utilization rate is the primary concern since it is more than double the benchmark and should be addressed by converting agency positions to permanent FTEs
- D. The overtime rate is the least concerning metric since it is only two percentage points above benchmark and should receive the lowest priority

51. A nurse manager is implementing a new care delivery model that requires nursing assistants to perform clinical tasks that were previously performed only by RNs. Several RNs express concern about patient safety and state they are uncomfortable delegating these tasks. The tasks are within the nursing assistant's scope of practice as defined by state law. Which action is MOST appropriate?

- A. Acknowledge the RNs' concerns, validate the importance of safe delegation, provide education on the legal scope of practice for nursing assistants, implement competency validation for the delegated tasks, establish clear delegation guidelines, and create a supervision framework that ensures patient safety while supporting the new model
- B. Delay the model implementation until all RNs are comfortable with the delegation requirements and voluntarily agree to proceed
- C. Override the RN concerns since the tasks are within the nursing assistant's legal scope of practice and the model has been approved by organizational leadership
- D. Implement the model on a trial basis with only the RNs who are willing to delegate and evaluate outcomes before requiring participation from reluctant nurses

52. A nurse manager is assessing the unit's organizational culture using the Competing Values Framework. The assessment reveals that the unit's dominant culture type is "hierarchy" — characterized by formal structures, policies, and procedures that value stability and control. The nurse manager wants to shift toward a "clan" culture that values collaboration, teamwork, and employee development. Which transition strategy is MOST appropriate?

- A. Eliminate all formal policies and procedures and replace them with teambased norms developed collaboratively by the staff
- B. Implement a comprehensive organizational development program focused on building teamwork and collaboration while maintaining essential structures
- C. Shift the culture gradually by introducing collaborative practices such as shared governance, teambased problemsolving, and peer mentoring while preserving the structural elements that support safety and consistency, and model the desired cultural behaviors through personal leadership
- D. Hire new staff who naturally align with a clan culture and allow natural attrition to phase out staff who prefer hierarchical structures

53. A nurse manager is applying the concept of "leader as coach" rather than "leader as commander." Which daily behavior BEST exemplifies the coaching approach?

- A. Reviewing the unit's quality dashboard each morning and directing staff to address the metrics with the poorest performance
- B. Conducting daily rounds and personally resolving operational problems identified by staff during the rounding conversations
- C. Asking openended questions that help staff think through problems themselves, providing guidance without prescribing solutions, recognizing effort and progress, and creating opportunities for staff to develop new skills through stretch assignments
- D. Delegating all operational decisions to the charge nurse team and focusing exclusively on strategic planning and relationship management

54. A nurse manager is dealing with a situation where the organization has implemented a new electronic scheduling system that assigns shifts based on an algorithm considering seniority, skill mix, and patient acuity. Several nurses complain that the algorithm does not account for personal preferences, childcare arrangements, or established shiftswapping relationships that previously existed under manual scheduling. Which response is MOST appropriate?

- A. Work with the scheduling system vendor to configure the algorithm to incorporate personal preference parameters alongside the clinical factors, establish a transparent process for staff to input their constraints, and maintain a manual override capability for the nurse manager to address situations the algorithm cannot accommodate
- B. Override the algorithm for every nurse who submits a personal preference request to demonstrate that leadership values staff flexibility

C. Accept the algorithm's assignments without modification since the system was designed to optimize clinical outcomes rather than personal preferences

D. Return to the manual scheduling system since the algorithm creates more problems than it solves and staff were more satisfied with the previous approach

55. A nurse manager is developing a strategy to address the unit's high rate of new graduate nurse turnover during the first eighteen months of employment. Exit interview data reveals three primary themes: feeling unsupported after the formal preceptorship ends, being assigned highacuity patients before feeling ready, and perceiving that experienced nurses are judgmental of their clinical questions. Which retention strategy is MOST comprehensive?

A. Extend the formal preceptorship from twelve weeks to twentyfour weeks to provide longer supported clinical practice

B. Implement a postpreceptorship mentoring program, develop a graduated acuity assignment pathway for the first eighteen months, create a unit culture that celebrates questions as learning opportunities, and establish regular checkin touchpoints with new graduates throughout the first two years

C. Hire only experienced nurses and eliminate new graduate recruitment until the unit's culture is more supportive of novice practitioners

D. Assign new graduates exclusively to lowacuity patients for the first eighteen months to prevent premature exposure to complex clinical situations

56. A nurse manager is leading a change initiative to implement a new wound care protocol. Using Kotter's eightstep change model, the manager has established urgency, formed a guiding coalition, and created a vision. Implementation has begun, but the manager notices early resistance from a group of nurses who were not involved in the planning. Which step was MOST likely missed or inadequately executed?

A. Establishing a sense of urgency, since the resistant nurses may not believe the current wound care approach is inadequate

B. Forming the guiding coalition, since the resistant nurses should have been included in the planning group from the beginning

C. Communicating the vision, since the nurses who were not involved in planning may not understand why the change is happening or how it will improve patient care

D. Generating shortterm wins, since the resistant nurses have not yet seen evidence that the new protocol produces better outcomes

57. A nurse manager is evaluating the effectiveness of a Lean daily management system that was implemented on the unit six months ago. The system includes a daily huddle board, visual management of key metrics, leader standard work, and a structured escalation process. Which evaluation finding MOST strongly indicates the system is functioning as intended?

- A. Problems identified during daily huddles are consistently resolved within defined timeframes through the structured escalation process, staff actively contribute to problem identification, and metric trends show sustained improvement
- B. The huddle board is updated daily with current data and the nurse manager conducts leader standard work rounding consistently
- C. Staff satisfaction with the daily huddle process is high and attendance at huddles has increased since implementation
- D. The number of incident reports has decreased since the daily management system was implemented

58. A nurse manager is responsible for a unit that has been designated as a "teaching unit" for medical residents. A conflict has emerged between nursing staff and medical residents over medication ordering practices. Residents frequently enter incorrect or incomplete medication orders, and nurses report spending excessive time seeking order clarification. The residency program director is defensive about any criticism of the residents' performance. Which approach is MOST effective?

- A. Frame the issue as a patient safety and efficiency concern rather than a performance criticism, present specific order error data, propose a collaborative education initiative that benefits residents' learning while reducing nursing burden, and invite the residency program director to codevelop the solution
- B. Implement a nursing policy requiring pharmacist review of all resident orders before execution to eliminate the burden on nursing
- C. Document specific examples of incorrect orders and submit them to the residency program director for remediation action
- D. Instruct nursing staff to contact the attending physician rather than the resident whenever an order requires clarification

59. A nurse manager is applying the concept of "cognitive diversity" to improve the unit's problemsolving capacity. Research shows that teams with diverse thinking styles produce more innovative solutions than homogeneous teams. Which action MOST effectively builds cognitive diversity?

- A. Hire nurses from diverse educational backgrounds including associate degree, bachelor's degree, and graduatelevel prepared nurses
- B. Recruit nurses from different clinical specialties who bring varied clinical perspectives and problemsolving approaches
- C. Ensure that unit committees and project teams represent diverse generational, cultural, and experiential backgrounds
- D. Intentionally compose project teams with members who have different cognitive styles, professional backgrounds, and perspectives, and create structured processes that leverage rather than suppress diverse thinking approaches

60. A nurse manager is developing a plan to reduce the unit's nurse vacancy rate from sixteen percent to eight percent within twelve months. The unit has historically struggled to attract candidates due to its reputation as a highstress environment with limited growth opportunities. Which strategy addresses BOTH recruitment and employer brand challenges?

- A. Offer a signon bonus of ten thousand dollars for all new hires to overcome the negative reputation through financial incentive
- B. Invest in marketing the unit's open positions more aggressively through social media, job boards, and nursing school partnerships
- C. Focus exclusively on retention improvements since retaining existing staff will naturally reduce the vacancy rate without new recruitment
- D. Develop a comprehensive employer brand strategy that addresses the root causes of the negative reputation through measurable culture improvements, creates a staff ambassador program where current nurses share authentic positive experiences, and aligns recruitment messaging with demonstrated unit strengths

61. A nurse manager is implementing an interdisciplinary safety rounding program where the nurse manager, charge nurse, pharmacist, and respiratory therapist round together on all patients daily. During the first week, the rounding takes three hours and the nurse manager receives complaints from other departments about being unavailable during that time. Which adjustment is MOST appropriate?

- A. Reduce the rounding team to the nurse manager and charge nurse only and consult pharmacy and respiratory therapy only when specific patient needs are identified
- B. Continue the threehour interdisciplinary rounds since the patient safety benefits justify the time investment regardless of other demands

C. Redesign the rounding process to focus on highrisk patients, use a concise structured format, limit discussion to safetycritical items, and rotate discipline participation based on patient needs rather than requiring all disciplines for every patient

D. Delegate the interdisciplinary rounding to the charge nurse and pharmacist so the nurse manager is available for other responsibilities

62. A nurse manager is evaluating two applicants for a charge nurse position. Candidate X has stronger clinical skills and eight years of unit experience but scored lower on the leadership assessment. Candidate Y has adequate clinical skills, three years of unit experience, but scored significantly higher on leadership assessment including conflict resolution, communication, and decisionmaking. Which selection rationale is MOST appropriate?

A. Select Candidate Y because the charge nurse role is primarily a leadership position, and leadership competencies are more predictive of charge nurse effectiveness than clinical expertise alone, while clinical skills can be further developed through targeted education

B. Select Candidate X because clinical expertise is the foundational requirement for the charge nurse role and leadership skills can be developed through experience over time

C. Select neither candidate and reopen the position to seek someone who excels in both clinical and leadership domains

D. Offer both candidates a trial period of three months each and evaluate their performance before making a permanent selection

63. A nurse manager is responsible for implementing a hospitalwide patient experience initiative on the unit. The initiative requires nurses to use specific scripted language during patient interactions. Several nurses argue that scripted communication feels inauthentic and undermines the genuine nursepatient relationship. Which response is MOST appropriate?

A. Mandate strict adherence to the scripts since organizational initiatives must be implemented uniformly for measurement consistency

B. Acknowledge the concern about authenticity, explain that the scripts are evidencebased frameworks designed to ensure key communication elements are included, encourage nurses to personalize the content within the framework, and evaluate both scripted and personalized approaches for patient experience impact

C. Exempt nurses who object to scripted communication and allow them to continue using their natural communication style

D. Replace the scripted approach with a communication training program that builds the underlying skills without prescribing specific language

64. A nurse manager is developing a plan to address the phenomenon of "alarm fatigue" that has been identified as a contributing factor in two recent patient safety events on the unit. In both events, nurses reported not hearing clinically significant alarms because of the high volume of nuisance alarms. Which approach is MOST comprehensive?

A. Install a new monitoring system with smarter alarm algorithms that automatically filter nuisance alarms

B. Conduct an alarm inventory, customize alarm parameters to the unit's patient population, implement a tiered notification system, educate staff on alarm management responsibilities, and establish an ongoing monitoring process to track both alarm burden and response times

C. Reduce all alarm volumes to a level where they are audible to the bedside nurse but do not create noise pollution for the surrounding environment

D. Assign one nurse per shift as a dedicated "alarm nurse" responsible for monitoring and responding to all clinical alarms on the unit

65. A nurse manager is evaluating the unit's succession planning effectiveness. The plan identified three charge nurses as potential nurse manager successors two years ago. Since then, one has resigned, one has expressed disinterest in management, and the third has not received any developmental opportunities. Which conclusion is MOST appropriate?

A. The succession plan failed because it identified candidates but did not include active development, engagement monitoring, or contingency planning — revealing that succession planning is an ongoing process requiring continuous investment, not a onetime identification exercise

B. The succession plan was reasonable but external factors beyond the nurse manager's control led to the loss of two candidates

C. The three identified candidates were poor selections and the nurse manager should use different criteria to identify better succession candidates

D. Succession planning is unreliable because individual career decisions are unpredictable and formal plans cannot account for voluntary departures

66. A nurse manager is implementing a "failure rounds" concept where the leadership team reviews recent failures, nearmisses, and process breakdowns openly and constructively. The purpose is to normalize discussion of failure as a learning opportunity. Staff initially resist, fearing that sharing failures publicly will result in blame. Which implementation strategy is MOST effective?

A. Make failure rounds mandatory and require each staff member to share at least one personal failure or nearmiss per month

B. Begin by having leadership share their own failures and nearmisses first to model vulnerability, establish ground rules that focus on system learning rather than individual blame, celebrate the identification of system weaknesses, and gradually build psychological safety for broader staff participation

C. Start failure rounds as an anonymous process where staff submit failures in writing and the leadership team discusses them without identifying the individuals involved

D. Restrict failure rounds to the leadership team only and share summarized systemlevel learnings with the broader staff through a written bulletin

67. A nurse manager is applying the AONL competency of "influencing behaviors" to gain staff cooperation with a new handoff standardization initiative. Several influential nurses are skeptical. Which influence strategy is MOST effective?

A. Engage the skeptical influential nurses individually to understand their specific objections, address their concerns with evidence, invite them to help refine the initiative based on their clinical expertise, and position them as coleaders of the implementation

B. Implement the initiative without seeking buyin from the skeptical nurses since their resistance will delay the project timeline

C. Present the initiative at a staff meeting and rely on the majority's support to override the skeptics' resistance through group consensus

D. Ask the chief nursing officer to communicate the initiative's importance directly to the skeptical nurses to leverage executive authority

68. A nurse manager is leading a team through the implementation of a new patient classification system. Midway through implementation, the vendor announces a software update that will significantly change the user interface. Staff who have just learned the current interface are frustrated by the prospect of relearning the system. Which leadership response is MOST appropriate?

A. Express frustration to the vendor on behalf of the staff and negotiate a delay in the software update until staff are fully proficient with the current interface

B. Acknowledge the frustration, communicate openly about the timeline and scope of the changes, provide additional training support, advocate to the vendor for transition tools, and frame the update as an improvement opportunity rather than a setback

C. Implement the update immediately without additional training since staff who learned the current interface will adapt to the new one through experience

D. Request a rollback to the previous software version and inform the vendor that the unit will not accept the update until the next fiscal year

69. A nurse manager is evaluating the impact of implementing a clinical nurse leader role on the unit. The CNL was hired nine months ago. Which set of outcomes provides the MOST meaningful evaluation of the role's contribution?

A. The CNL's selfassessment of accomplishments and challenges encountered during the first nine months of practice

B. Staff satisfaction with the CNL's presence on the unit and their perception of the role's value to the team

C. Changes in nursesensitive quality indicators, care coordination metrics, length of stay, staff competency development, and evidencebased practice implementation since the CNL's arrival, compared to preCNL baseline data

D. The number of quality improvement projects the CNL has initiated and completed during the first nine months

70. A nurse manager is addressing a situation where the unit has achieved "performance plateau" — quality metrics have been stable at an acceptable level for two years but have not improved despite ongoing improvement efforts. Which analysis is MOST likely to identify the path to breakthrough improvement?

- A. Increase the intensity of current improvement strategies by doubling the frequency of audits and accountability measures
- B. Benchmark against topperforming units to identify which practices they use that the current unit does not
- C. Examine whether the current improvement approach has reached its maximum potential and whether a fundamentally different methodology, care model redesign, or technology innovation is needed to achieve the next level of performance
- D. Accept the current performance as the unit's optimal level and redirect improvement resources to other areas with greater potential for gain

71. A nurse manager is implementing a "nopass zone" policy where any staff member who encounters an activated call light must respond regardless of whether the patient is their assignment. Nurses argue that responding to other nurses' patients could lead to errors because they are unfamiliar with the patient's care plan. Which response addresses the safety concern while maintaining the policy?

- A. Limit the nopass zone to nonclinical requests such as water, blankets, and restroom assistance, and require clinical concerns to be directed to the assigned nurse
- B. Implement the nopass zone policy only for nursing assistants and exempt registered nurses from responding to unassigned patients
- C. Abandon the nopass zone policy since the patient safety concerns raised by the nursing staff are legitimate and outweigh the potential benefits
- D. Implement the policy with a tiered response protocol that defines which needs any staff member can address immediately and which should be escalated to the assigned nurse, supplemented by a brief bedside reference card with each patient's critical care information

72. A nurse manager is evaluating the unit's approach to professional governance and identifies that the unit practice council has not produced any practice changes in the past twelve months. Council meetings have become routine discussions with no action items. Which intervention is MOST appropriate?

- A. Disband the current council and recruit new members who are more motivated to drive practice change
- B. Reassess the council's charter and scope of authority, identify specific practice questions that need resolution, provide facilitation coaching to the council chair, establish measurable deliverables with timelines, and ensure leadership follows through on council decisions

C. Reduce the council meeting frequency from monthly to quarterly to create more time between meetings for members to work on initiatives

D. Transfer council leadership from a staff nurse to the nurse manager to provide more directive facilitation

73. A nurse manager is applying the Magnet Recognition Program's empirical quality outcomes component. Which activity MOST directly demonstrates this component at the unit level?

A. Collecting and reporting nursesensitive quality indicator data through a national database and using the data to drive evidencebased practice improvements that produce measurable outcomes linked to nursing care

B. Achieving patient satisfaction scores above the organizational average on the most recent HCAHPS survey

C. Completing all required regulatory and accreditation surveys without deficiencies during the Magnet designation period

D. Maintaining a nursing staff where seventyfive percent of RNs hold a bachelor's degree or higher in nursing

74. A nurse manager is developing a plan to integrate artificial intelligenceassisted triage into the unit's admission assessment process. The AI tool analyzes patient data and generates a recommended acuity classification that nurses then verify. Nurses are concerned about liability if the AI recommendation is incorrect and they approve it. Which implementation element is MOST important for addressing the liability concern?

A. Purchase comprehensive malpractice insurance coverage that specifically addresses AIassisted clinical decisionmaking

B. Establish clear documentation standards specifying that the nurse's clinical judgment is the final authority on acuity classification, that the AI recommendation is a decisionsupport tool only, that nurses must independently verify the classification using clinical assessment, and that the nurse is responsible for the final determination

C. Require vendor certification that the AI tool meets all regulatory requirements for clinical decision support

D. Implement the AI tool as a mandatory classification system that nurses must follow to eliminate individual liability

75. A nurse manager is developing a strategy to manage a multigenerational workforce that includes Baby Boomers, Generation X, Millennials, and Generation Z nurses. Communication preferences, technology comfort levels, and worklife balance expectations vary significantly across the groups. Which approach is MOST effective?

- A. Treat all generations identically to avoid stereotyping and ensure equitable management practices
- B. Develop a flexible management approach that recognizes individual preferences within generational trends, offers multiple communication channels, accommodates diverse worklife balance needs where operationally feasible, leverages each generation's strengths, and focuses on shared professional values that unite the team
- C. Adapt management style primarily to the preferences of the largest generational group on the unit since majority accommodation is the most practical approach
- D. Survey each staff member about their individual management preferences and customize the approach for each person

76. A nurse manager is applying the concept of "high reliability" to the unit's fall prevention program. The program has reduced falls by twenty percent, but the nurse manager wants to achieve the next level of reliability. Which principle of high reliability is MOST relevant to moving from "good" to "excellent" performance?

- A. Preoccupation with failure — shifting from celebrating the twenty percent reduction to actively seeking out the remaining vulnerabilities, nearmiss events, and system weaknesses that could lead to falls that the current program does not prevent
- B. Commitment to resilience — ensuring the unit can recover quickly when falls do occur through effective postfall response protocols
- C. Deference to expertise — assigning all fall prevention decisions to the most experienced nurses who have the deepest knowledge of the patient population
- D. Reluctance to simplify — expanding the fall prevention program to include every possible intervention regardless of evidence to ensure comprehensive coverage

77. A nurse manager is evaluating the unit's approach to managing "never events" — serious reportable events that should never occur in a healthcare setting. The unit experienced its first never event in three years. Which response BEST reflects a learning organization approach?

- A. Investigate the event primarily to determine individual accountability and apply appropriate disciplinary measures to prevent recurrence
- B. Report the event as required but minimize internal discussion to prevent staff anxiety about future events
- C. Conduct a thorough systemslevel investigation using root cause analysis, implement systemlevel changes to prevent recurrence, share deidentified learnings with the broader organization, comply with all reporting and disclosure requirements, and support the involved staff as second victims
- D. Implement all available safety interventions broadly across the unit rather than targeting only the factors identified in the root cause analysis

78. A nurse manager is developing a plan to address the unit's consistently low score on the employee engagement survey dimension of "career development opportunities." Current development activities are limited to annual competency assessments and occasional conference attendance. Which strategy is MOST comprehensive?

- A. Increase the education budget to allow more conference attendance and offer tuition reimbursement for degree programs
- B. Create individual development plans for interested nurses that include progressive clinical and leadership responsibilities
- C. Implement a formal clinical ladder with defined advancement criteria that includes financial incentives for advancement
- D. Build a comprehensive professional development ecosystem that includes clinical advancement pathways, leadership development opportunities, evidencebased practice and research mentorship, crossfunctional assignments, academic support, individualized career planning, and visible recognition of professional growth milestones

79. A nurse manager is evaluating whether the unit's current staffing model adequately supports the care delivery model. The unit uses a primary nursing model, but staffing constraints frequently require nurses to be assigned to different patients each shift rather than maintaining primary nursepatient continuity. Which analysis is MOST important?

- A. Whether the primary nursing model should be abandoned in favor of a team nursing model that is more compatible with current staffing constraints
- B. Whether the organization has approved and budgeted for the staffing levels required to maintain primary nursepatient continuity across consecutive shifts

C. Whether the inconsistency between the stated model (primary nursing) and the actual practice (rotating assignments) is negatively affecting patient outcomes, staff satisfaction, and the quality metrics the care model was designed to improve

D. Whether patient satisfaction scores differ between patients who experienced primary nurse continuity and those who had rotating nurse assignments

80. A nurse manager is informed that a nurse on the unit has been named in a medical malpractice lawsuit related to care she provided two years ago. The nurse is anxious and distracted during shifts. Her clinical performance has not declined, but she is emotionally distressed and asks the nurse manager for guidance. Which response is MOST appropriate?

A. Express concern for the nurse's wellbeing and instruct her to contact the hospital's risk management department since they coordinate the organization's legal defense

B. Review the nurse's clinical documentation from two years ago and help her prepare a defense for the malpractice claim

C. Reassign the nurse to nonclinical duties until the lawsuit is resolved to protect patients from any potential distraction-related errors

D. Provide emotional support, refer the nurse to the employee assistance program, advise her to notify her personal malpractice insurance carrier if she has one, explain that the organization's legal counsel will represent the organization's interests, and recommend she consider obtaining personal legal counsel

81. A nurse manager is developing guidelines for nursing staff who are asked to provide depositions or testimony in legal cases related to patient care on the unit. Which guideline is MOST important?

A. Instruct nurses to contact the organization's legal department before providing any testimony and to testify only to facts documented in the medical record, not opinions or recollections that are not supported by documentation

B. Advise nurses to decline all requests for testimony and direct all legal inquiries to the hospital's legal department exclusively

C. Encourage nurses to provide detailed testimony from memory since firsthand recollection provides more comprehensive information than medical record documentation alone

D. Require nurses to obtain the nurse manager's written approval before participating in any legal proceeding related to patient care

82. A nurse manager discovers that a staff nurse has been purchasing unapproved medical supplies online using personal funds and bringing them to the unit for patient use. The nurse states the unapproved supplies are superior to the hospital-approved alternatives. Which concern is MOST significant?

A. The nurse is circumventing the hospital's group purchasing agreement and may be causing the unit to lose volume-based pricing discounts

B. The nurse's initiative should be commended since she is investing personal resources to improve patient care quality

C. The unauthorized supplies should be inventoried and their cost reimbursed to the nurse from the unit's supply budget

D. The unapproved supplies have not been evaluated through the hospital's product review process for safety, quality, and compatibility with existing clinical systems, creating potential patient safety and liability risks

83. A nurse manager is navigating a situation where a physician has requested that a specific nurse be removed from caring for his patients because the nurse questioned one of his orders. The nurse followed the appropriate chain of command and the order was ultimately modified. The physician views the nurse's actions as insubordination. Which response is MOST appropriate?

A. Support the nurse's professional right and obligation to question orders that may be clinically inappropriate, address the physician's concern through the collaborative communication process, and reinforce that questioning orders through proper channels is a patient safety expectation not insubordination

B. Accommodate the physician's request and reassign the nurse to avoid conflict that could affect patient care

C. Report the physician's request to the chief medical officer as an example of physician intimidation that could chill future safety reporting

D. Arrange a mediated meeting between the physician and nurse to rebuild the working relationship before either party returns to shared patient care

84. A nurse manager is evaluating whether the unit's nursing practice demonstrates "autonomous practice" as defined by the ANA. Which behavior MOST strongly indicates professional nursing autonomy?

- A. Nurses follow physician orders precisely and consistently without deviation from the prescribed treatment plan
- B. Nurses exercise independent clinical judgment within their scope of practice, initiate appropriate interventions based on assessment findings, advocate for patients, participate in practice decisions through governance, and assume accountability for their clinical decisions
- C. Nurses work independently without supervision and make all clinical decisions without consulting other members of the healthcare team
- D. Nurses complete all assigned tasks within the expected timeframe and meet all documentation requirements established by organizational policy

85. A nurse manager is addressing a situation where a nurse has been using the hospital's electronic health record system to research her own medical conditions by accessing clinical reference materials through the EHR's embedded clinical decision support tools. The nurse has not accessed any patient records inappropriately. Which response is MOST appropriate?

- A. Take no action since the nurse has not accessed patient records inappropriately and using clinical references for personal knowledge is not a policy violation
- B. Document the behavior and place a verbal warning in the nurse's file for misuse of organizational technology resources
- C. Review the organization's acceptable use policy for the EHR system, discuss with the nurse whether using clinical references through the EHR for personal purposes violates the policy, and provide guidance on appropriate resources for personal health information
- D. Report the nurse's EHR usage to the information technology security department for investigation of potential unauthorized access

86. A nurse manager is developing a professional practice model for the unit that articulates the values, theory base, and practice delivery system that guide nursing care. Which process for developing the model is MOST consistent with professional nursing practice?

- A. The nurse manager develops the professional practice model independently based on current evidence and organizational standards and presents it to staff
- B. Engage frontline nursing staff in collaboratively defining the unit's professional practice values, selecting a theoretical framework that resonates with the team's clinical philosophy, and designing the care delivery system that operationalizes those values

C. Adopt the professional practice model used by a Magnet-designated hospital and implement it on the unit as a best practice

D. Request that the chief nursing officer select a professional practice model that aligns with the organization's nursing strategic plan

87. A nurse manager is navigating a situation where a nurse has posted a photograph on social media showing her wearing scrubs with the hospital's logo visible. The photograph does not contain any patient information but includes a caption criticizing the hospital's management decisions. Which response is MOST appropriate?

A. Take no action since the nurse has not violated HIPAA and has a right to express personal opinions on social media

B. Counsel the nurse about the professional implications of criticizing the employer publicly while wearing identifiable organization attire

C. Report the post to the human resources department for a formal social media policy investigation

D. Address the social media post with the nurse by discussing organizational social media and branding policies, explain the professional risk of public employer criticism while wearing identifiable organization attire, and clarify expectations while respecting the nurse's right to personal expression outside of work

88. A nurse manager is preparing for a conversation with a highperforming nurse who has been offered a position at a competing hospital. The nurse has not yet made a decision and has informed the nurse manager as a courtesy. Which response is MOST effective for retention?

A. Immediately match or exceed the competing offer to prevent the nurse from leaving the unit

B. Express genuine appreciation for the nurse's transparency, ask what factors are influencing the decision, explore whether modifiable factors such as advancement opportunities, scheduling flexibility, or professional development can be addressed, and present the unit's strengths while respecting the nurse's autonomy to make the best decision for her career

C. Wish the nurse well and begin planning for the replacement since counteroffers are generally unsuccessful at longterm retention

D. Inform the nursing director about the competing offer and ask for authorization to provide a retention bonus

89. A nurse manager is responsible for a unit where several nurses maintain active practice in complementary and alternative medicine — including acupuncture, massage therapy, and herbal medicine — outside of their hospital nursing roles. A patient requests that one of these nurses provide acupuncture during the hospitalization. Which response is MOST appropriate?

A. Allow the nurse to provide acupuncture since she is licensed and the patient has made an informed request

B. Decline the request and explain that complementary therapies provided by hospital employees must be authorized through the organization's credentialing process, the therapy must be ordered by a licensed provider, and appropriate liability coverage must be in place regardless of the nurse's independent licensure

C. Refer the patient to the hospital's integrative medicine department if one exists, or suggest the patient seek acupuncture from an external provider after discharge

D. Allow the nurse to provide acupuncture during off-duty hours in the patient's room as a personal service not connected to the hospital employment relationship

90. A nurse manager is evaluating whether the unit's ethical practice meets the ANA Code of Ethics provision requiring nurses to maintain conditions of employment conducive to quality nursing care. The manager has identified that chronic understaffing, inadequate supplies, and unsustainable workloads are compromising care quality. Which action MOST directly fulfills this ethical obligation?

A. Document the conditions systematically with data linking understaffing and supply deficiencies to measurable quality outcomes, present the analysis through organizational channels, advocate persistently for resource allocation, and explore external reporting options if internal advocacy is unsuccessful

B. Accept the resource limitations as organizational decisions beyond the nurse manager's control and focus on optimizing care within available resources

C. File a formal complaint with the state health department documenting the unsafe conditions and request a regulatory investigation

D. Resign from the position in protest since continuing to manage a unit with known quality compromising conditions conflicts with professional ethics

91. A nurse manager is developing guidelines for staff participation in pharmaceutical industry sponsored educational events. Several nurses have been invited to attend a dinner presentation by a pharmaceutical company promoting a new medication. Which guideline is MOST appropriate?

- A. Prohibit all staff from attending pharmaceutical industry-sponsored events since any interaction creates a conflict of interest
- B. Allow attendance but require staff to disclose the event to the nurse manager and remind them to critically evaluate commercially sponsored content
- C. Establish guidelines requiring disclosure of attendance, critical evaluation of content for commercial bias, prohibition on accepting gifts beyond educational materials, and organizational oversight of any resulting practice change recommendations
- D. Defer to the organization's pharmacy and therapeutics committee to determine which industry events are appropriate for nursing attendance

92. A nurse manager is evaluating a situation where a nurse has been administering medications fifteen minutes before the scheduled time for every dose throughout the shift to manage her workflow more efficiently. The organization's policy allows a thirty-minute window (fifteen minutes before or after the scheduled time). Which response is MOST appropriate?

- A. Acknowledge that the nurse is technically within the organizational medication administration window and take no action since the policy is not being violated
- B. Accept the practice as an efficient workflow management strategy that does not compromise patient safety
- C. Discipline the nurse for manipulating the medication administration schedule for personal convenience rather than clinical indication
- D. Discuss the practice with the nurse to understand the workflow challenge, evaluate whether consistently early administration has clinical implications for specific medications, and address any scheduling concerns that are driving the behavior

93. A nurse manager is developing a plan to address workplace bullying on the unit. A comprehensive survey reveals that twenty-eight percent of staff have experienced or witnessed bullying behaviors in the past six months. Which intervention is MOST likely to produce sustainable culture change?

- A. Implement a zero-tolerance policy with clearly defined bullying behaviors and immediate progressive discipline for confirmed violations
- B. Conduct mandatory antibullying training for all staff and require signed commitments to respectful workplace behavior

C. Implement a comprehensive approach including clear behavioral standards, education on recognizing and addressing bullying, confidential reporting mechanisms, consistent accountability regardless of the perpetrator's position, leadership modeling of respectful behavior, and ongoing culture monitoring through repeated surveys

D. Identify the specific individuals responsible for the majority of bullying incidents and remove them from the unit

94. A nurse manager is addressing a situation where a nurse has requested to be excused from caring for a patient who is a convicted sex offender. The nurse states that her personal history as a survivor of sexual assault makes caring for this patient emotionally traumatic. Which response is MOST appropriate?

A. Require the nurse to care for the patient since refusing assignments based on a patient's criminal history constitutes discrimination

B. Accommodate the request by reassigning the patient to a different nurse, provide emotional support and EAP referral, assess whether the accommodation creates an inequitable burden on colleagues, and develop a plan for managing similar situations in the future

C. Allow the nurse to refuse this patient but require her to provide documentation from a therapist verifying her trauma history before future accommodations will be considered

D. Assign the nurse to the patient but arrange for a peer support person to be available on the unit during the shift for emotional support

95. A nurse manager is developing a comprehensive approach to supporting staff through critical incidents. The manager recognizes that staff reactions to traumatic events fall on a continuum from minor distress to clinical PTSD. Which support structure is MOST comprehensive?

A. Contract with an external critical incident stress debriefing team that responds to the unit within twentyfour hours of any traumatic event

B. Train all charge nurses in psychological first aid and require them to conduct debriefings after every patient death or adverse event

C. Implement the employee assistance program referral process for any staff member who reports distress following a critical incident

D. Develop a tiered support system including trained peer supporters for immediate emotional first aid, structured debriefing processes for moderate impact events, professional counseling referral pathways for

highimpact responses, ongoing monitoring for delayed reactions, and leadership practices that normalize emotional responses to trauma

96. A nurse manager is calculating the unit's nursing turnover cost. The unit employs thirtyfive RNs and experienced eight departures in the past year. The estimated cost per RN turnover is fiftytwo thousand dollars including recruitment, orientation, and productivity loss. What is the total annual turnover cost as a percentage of the unit's annual nursing salary budget of four million dollars?

- A. 8.3%
- B. 10.4%
- C. 12.6%
- D. 14.8%

97. A nurse manager reviews the following financial data for the unit:

Line Item	Budget	Actual	Variance	
Salary	\$3,200,000	\$3,350,000	(\$150,000)	U
Benefits	\$960,000	\$1,005,000	(\$45,000)	U
Supplies	\$480,000	\$445,000	\$35,000	F
Education	\$80,000	\$62,000	\$18,000	F

Which interpretation is MOST actionable?

- A. The salary and benefits variances require immediate investigation since labor costs represent the largest budget category and have the most significant unfavorable variances, potentially driven by overtime, agency usage, or staffing above budgeted levels that may or may not be justified by patient volume and acuity
- B. The education budget favorable variance indicates effective cost management that should be continued in future fiscal years
- C. The overall financial picture is balanced since the favorable supply and education variances partially offset the unfavorable labor variances

D. The supply favorable variance suggests the unit may be underutilizing necessary supplies and should be investigated for potential quality impact

98. A nurse manager is developing a business case for implementing remote patient monitoring for recently discharged heart failure patients. The program would equip patients with Bluetooth-enabled scales and blood pressure monitors that transmit data to a nurse monitoring station. Which financial metric is MOST critical for the business case?

A. The cost of the monitoring technology compared to the cost of hiring additional home health nurses to provide in-person visits

B. The projected improvement in patient satisfaction scores for heart failure patients enrolled in the monitoring program

C. The projected reduction in thirty-day heart failure readmissions translated into avoided penalty costs under the CMS Hospital Readmissions Reduction Program and the associated cost savings from prevented hospitalizations

D. The projected revenue from billing Medicare for remote patient monitoring services under the applicable CPT codes

99. A nurse manager is analyzing the unit's labor productivity and identifies the following data:

Target HPPD: 8.5

Actual HPPD: 9.2

Patient days this month: 900

How many excess nursing hours were consumed compared to the productivity target?

A. 540 hours

B. 585 hours

C. 612 hours

D. 630 hours

100. A nurse manager is evaluating two competing proposals for a patient monitoring upgrade:

| Factor | Proposal A | Proposal B |

||||

| Purchase cost | \$200,000 | \$350,000 |

| Annual maintenance | \$40,000 | \$15,000 |

| Expected life | 5 years | 8 years |

| Training cost | \$25,000 | \$10,000 |

Which financial analysis is MOST appropriate for comparison?

A. Compare purchase prices since Proposal A costs \$150,000 less upfront

B. Calculate the total cost of ownership over the expected useful life for each proposal: Proposal A = $\$200,000 + (\$40,000 \times 5) + \$25,000 = \$425,000$ over 5 years (\$85,000/year), Proposal B = $\$350,000 + (\$15,000 \times 8) + \$10,000 = \$480,000$ over 8 years (\$60,000/year), making Proposal B more costeffective on an annualized basis

C. Select the proposal with the longest expected life since spreading costs over more years reduces the annual financial impact

D. Select the proposal with the lowest annual maintenance cost since ongoing expenses have the greatest longterm budget impact

101. A nurse manager is developing a proposal to add a weekend clinical pharmacist position to the unit. Currently, pharmacy services are limited to a centralized pharmacist who covers the entire hospital on weekends. Medicationrelated safety events on the unit increase by forty percent on weekends compared to weekdays. Which data point provides the STRONGEST financial justification?

A. The salary cost of the weekend pharmacist position compared to the cost of the current centralized pharmacist model

B. Staff nurse satisfaction data showing frustration with limited weekend pharmacy support

C. Published research demonstrating that dedicated unitbased pharmacists reduce medication errors in similar hospital settings

D. The cost of weekend medication-related safety events (including additional treatment, extended length of stay, and potential liability) compared to the cost of the weekend pharmacist position, with a projected error reduction based on the pharmacist's expected impact

102. A nurse manager is preparing the unit's annual capital budget request. The unit needs a new portable ultrasound machine (\$45,000), replacement of five cardiac monitors (\$12,000 each), and renovation of the medication room (\$85,000). The organization has allocated \$100,000 for the unit's capital budget. Which prioritization approach is MOST appropriate?

A. Request all items and ask leadership to increase the capital allocation to accommodate the unit's full needs

B. Prioritize based on patient safety impact alone and fund the items with the most direct safety implications first

C. Prioritize using a weighted scoring system that evaluates each item on patient safety impact, regulatory compliance requirement, clinical workflow improvement, financial return, and alignment with organizational strategy, then fund items in priority order within the allocation

D. Split the allocation equally among the three categories to demonstrate equitable investment across all capital needs

103. A nurse manager is analyzing the unit's case mix and its impact on nursing resource requirements. The unit's case mix index has increased from 1.2 to 1.5 over the past year, but the nursing budget has not been adjusted. Which financial argument is MOST compelling for requesting a budget adjustment?

A. The increased case mix index means patients are sicker and require more nursing hours per patient day, creating a direct link between the higher CMI and increased labor costs that the current budget does not support

B. The CMI increase is a coding improvement that does not reflect actual changes in patient acuity and should not trigger a budget adjustment

C. The budget should be increased by twentyfive percent to match the twentyfive percent CMI increase proportionally

D. A detailed analysis showing the specific relationship between the CMI increase and actual nursing resource utilization including HPPD trends, overtime patterns, acuity-adjusted staffing variance, and the correlation between the CMI change and nursesensitive quality outcomes

104. A nurse manager is developing a financial model for a proposed nurseled transitional care clinic. The clinic will operate five days per week and see an average of twelve patients per day. The average reimbursement per visit is ninetyfive dollars. Annual operating costs including staffing, space, and supplies are projected at two hundred forty thousand dollars. What is the projected annual revenue, and will the clinic be financially viable?

A. Revenue = 12 patients \times \$95 \times 260 days = \$296,400, exceeding the \$240,000 operating cost by \$56,400 for a positive operating margin, suggesting financial viability

B. Revenue = 12 patients \times \$95 \times 365 days = \$416,100, creating a significant surplus over operating costs

C. Revenue = 12 patients \times \$95 \times 52 weeks \times 5 days = \$296,400, but the clinic will not be viable because the margin is too thin to absorb volume fluctuations

D. Revenue = 12 patients \times \$95 \times 250 days = \$285,000, creating a modest margin that requires volume sustainability

105. A nurse manager is evaluating the financial impact of implementing a nurseled falls prevention technology system. The system costs seventyfive thousand dollars annually. Historical data shows the unit averages twentyfour falls per year, with an average cost of eight thousand dollars per fall (including additional treatment, extended stay, and liability reserves). If the technology reduces falls by forty percent, what is the projected return on investment?

A. The technology will save \$76,800 annually, producing a positive ROI of \$1,800

B. The technology will save \$96,000 annually, producing a positive ROI of \$21,000

C. The projected savings of \$76,800 (24 falls \times 40% reduction \times \$8,000) exceed the \$75,000 annual cost by \$1,800, producing a marginally positive ROI that may justify the investment when combined with nonfinancial benefits such as reduced patient harm and improved satisfaction

D. The technology will not produce a positive ROI because the forty percent reduction projection is optimistic

106. A nurse manager is analyzing the unit's revenue per adjusted patient day and notices a declining trend over three consecutive quarters despite stable patient volume and acuity. Which factor should be investigated FIRST?

A. Changes in the unit's supply costs that may be reducing the net revenue per patient day

- B. Changes in payer mix, reimbursement rates, coding accuracy, or charge capture practices that could explain the revenue decline despite stable volume and acuity
- C. Changes in nursing staffing levels that may be affecting the unit's labor cost per patient day
- D. Changes in the organization's accounting methodology for allocating overhead costs to individual nursing units

107. A nurse manager is developing a staffing plan for a new twentyfourbed observation unit. The unit will operate twentyfour hours per day, seven days per week, with a target RNtopatient ratio of 1:4. Using a benefit replacement factor of 1.15, how many RN FTEs are needed?

- A. Calculate: $24 \text{ beds} \div 4 \text{ patients per RN} = 6 \text{ RNs per shift} \times 3 \text{ shifts} = 18 \text{ RN positions needed per day} \times 7 \text{ days} \div 5 \text{ (shifts per FTE)} = 25.2 \times 1.15 \text{ BRF} = \text{approximately } 21 \text{ base FTEs} \times 1.15 = \text{approximately } 24.2 \text{ FTEs}$
- B. 18.0 FTEs
- C. 20.7 FTEs ($6 \text{ RNs} \times 3 \text{ shifts} \times 7 \text{ days} \div 5 \text{ days per FTE} = 25.2$, but this doesn't account for the replacement factor)
- D. 15.0 FTEs

108. A nurse manager is evaluating the financial performance of the unit's telemetry monitoring program. The program generates revenue through technical fees charged per monitoring day. Monthly data shows:

Telemetry monitoring days: 600

Revenue per monitoring day: \$150

Direct costs (technicians, supplies, maintenance): \$65,000/month

What is the monthly contribution margin?

- A. \$150,000
- B. \$25,000 ($\$90,000 \text{ revenue} - \$65,000 \text{ costs} = \$25,000$)
- C. \$65,000

D. \$85,000

109. A nurse manager is preparing a proposal to convert two parttime positions (each 0.6 FTE) to one fulltime position (1.0 FTE). The annual cost of each parttime position including benefits is sixtyfive thousand dollars. The annual cost of one fulltime position including benefits is eightyeight thousand dollars. What is the annual savings from the conversion?

A. \$42,000 savings ($2 \times \$65,000 = \$130,000 - \$88,000 = \$42,000$)

B. \$23,000 savings

C. \$65,000 savings

D. No savings since the total hours are equivalent

110. A nurse manager is developing key performance indicators for the upcoming fiscal year. The manager wants to include a balanced mix of leading and lagging indicators. Which combination BEST represents a mix of both types?

A. Fall rates, CAUTI rates, HAPI rates, and patient satisfaction scores — all lagging indicators measuring past performance

B. Leading indicators (hand hygiene compliance rates, hourly rounding completion rates, fall risk assessment completion rates) paired with lagging indicators (actual fall rates, infection rates, pressure injury rates) to provide both predictive and retrospective performance measurement

C. HPPD, overtime percentage, agency utilization, and vacancy rates — all operational indicators measuring current staffing status

D. Budget variance, cost per patient day, revenue per discharge, and contribution margin — all financial indicators measuring fiscal performance

111. A nurse manager is evaluating whether to implement a patientcentered meal ordering system that allows patients to order meals at any time rather than following fixed meal schedules. The system costs thirtyfive thousand dollars annually for the vendor platform. Which outcome data would provide the STRONGEST financial justification?

A. Patient satisfaction with food service as measured by the HCAHPS hospital environment domain

B. Reduction in meal tray waste and dietary department labor costs compared to the fixed schedule model

C. Improvement in patient nutritional intake correlated with clinical outcomes such as wound healing and length of stay, combined with HCAHPS food service improvement and its impact on VBP reimbursement

D. Staff satisfaction with the meal ordering process and reported time savings from not coordinating fixed meal deliveries

112. A nurse manager is negotiating a service agreement with a biomedical equipment maintenance vendor. The vendor proposes a comprehensive service agreement covering all unit equipment for one hundred twenty thousand dollars annually. Current inhouse maintenance costs are ninetyfive thousand dollars annually, but equipment downtime has been increasing. Which analysis is MOST appropriate?

A. Reject the vendor proposal since it costs twentyfive thousand dollars more than the current inhouse maintenance program

B. Accept the vendor proposal since comprehensive coverage eliminates the risk of unexpected repair costs

C. Calculate the total cost of the current approach including maintenance, downtime, rental equipment during repairs, and patient care impact, then compare to the vendor's total cost including guaranteed uptime and response time commitments

D. Negotiate the vendor's price down to ninetyfive thousand dollars to match the current inhouse cost

113. A nurse manager is developing a financial projection for implementing bedside glucose pointofcare testing on the unit. Currently, all glucose tests are performed by the laboratory with a thirtyminute average turnaround time. The pointofcare testing program would cost twenty thousand dollars annually for equipment and supplies. Which financial benefit is MOST important to quantify?

A. The reduction in laboratory personnel costs from decreased glucose test volume sent to the central laboratory

B. The improvement in nursing workflow efficiency from eliminating the wait for laboratory glucose results

C. The clinical benefit of faster glucose results including more timely insulin administration, reduced hypo and hyperglycemic events, and the associated cost savings from prevented adverse events and reduced length of stay

D. The patient satisfaction improvement from faster results communication

114. A nurse manager is analyzing the unit's overtime data and discovers the following pattern:

| Day of Week | Avg Overtime Hours |

|||

| Monday | 12.4 |

| Tuesday | 8.2 |

| Wednesday | 6.8 |

| Thursday | 7.1 |

| Friday | 14.6 |

| Saturday | 4.2 |

| Sunday | 5.1 |

Which analysis is MOST appropriate?

A. The weekend overtime is wellcontrolled and should be maintained at current levels

B. The overall overtime pattern is acceptable since the weekly total is consistent with organizational benchmarks

C. The Tuesday through Thursday overtime suggests staffing is adequate midweek and the budget should be adjusted to reflect this lower utilization

D. The Monday and Friday spikes suggest specific operational factors such as beginningofweek admission surges, endofweek discharge activities, weekend staffing transitions, or scheduled procedures that create predictable overtime patterns requiring targeted staffing adjustments

115. A nurse manager is conducting a costeffectiveness analysis of three different approaches to reducing catheterassociated urinary tract infections:

| Approach | Annual Cost | Projected CAUTI Reduction |

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| Approach A: Education only | \$5,000 | 15% |

| Approach B: Nursedriven removal protocol | \$18,000 | 45% |

| Approach C: Comprehensive bundle (education + protocol + daily review + technology) | \$42,000 | 70% |

The unit's current CAUTI rate produces an estimated annual cost of \$120,000 in additional treatment and extended stays. Which approach offers the BEST costeffectiveness?

- A. Approach A because it has the lowest implementation cost and still produces measurable improvement
- B. Approach B because the cost per percentage reduction (\$400 per percentage point) is the lowest of the three options
- C. Approach C because it produces the greatest absolute CAUTI reduction and the highest total savings
- D. Approach B produces \$54,000 in savings ($45\% \times \$120,000$) at a cost of \$18,000 for a net benefit of \$36,000 and a 3:1 ROI, while Approach C produces \$84,000 in savings ($70\% \times \$120,000$) at a cost of \$42,000 for a net benefit of \$42,000 and a 2:1 ROI — Approach C produces the highest net benefit in absolute dollars but Approach B produces the highest return per dollar invested, making the choice dependent on whether the organization prioritizes maximum total benefit or maximum return on investment

Answer Key – Exam 8 (with Full Answer Explanations)

1. B — Speaking privately with the CNA about the dismissive interaction, coaching on how to acknowledge patient concerns and escalate appropriately, and following up with the patient addresses both the staff behavior and the unresolved patient issue. CNAs need coaching on professional communication rather than public correction, and the patient's concern requires resolution.
2. D — A joint working group developing shared documentation standards addresses the legitimate concern from inpatient nurses while meeting both environments' regulatory requirements. Shared electronic records require shared standards, and unilateral imposition of one setting's standards ignores the different regulatory and practice realities of each environment.
3. D — One more direct outreach framing mutual benefits, a specific deadline, and documented escalation if unsuccessful applies appropriate persistence before escalating. Escalation without

exhausting direct communication appears premature, while proceeding without needed data compromises the project. Documentation of outreach attempts supports any necessary escalation.

4. A — CMS Conditions of Participation require that grievance responses include acknowledgment, description of the investigation, findings, actions taken, and appeal options. This structure ensures the patient knows their concern was taken seriously, what was done about it, and what recourse they have if unsatisfied. Apologies alone do not meet the regulatory standard.

5. B — Allowing a brief visit during a break with coverage arranged demonstrates compassion while maintaining patient care continuity. Balancing personal and professional needs through structured accommodation reflects humane leadership. Denying a reasonable request during a family health crisis damages trust and morale.

6. C — Cross-clique projects with shared accountability, norms valuing diverse perspectives, and direct individual conversations with the informal leaders address the structural dynamics creating polarization. Clique formation that forces alignment damages team cohesion and requires structural interventions that create genuine interdependence across the groups.

7. C — Advance communication with clear rationale, alternatives like virtual visiting, exception processes, and compassionate enforcement training prepares all stakeholders for the change. Visitor policies affect patient and family experience deeply, requiring transparency about the safety evidence, empathy for the impact, and practical alternatives.

8. D — Connecting team-based responsibilities to patient care outcomes, linking individual contributions to unit results, collaboratively prioritizing deliverables, and following up reframes non-clinical work as essential rather than administrative. Nurses who view quality improvement as separate from patient care need leadership that makes the connection explicit.

9. A — Multiple participation formats including in-person, virtual, asynchronous, and compensated off-duty attendance creates genuine accessibility for twelve-hour shift workers. Twelve-hour schedules create three- to four-day work weeks that inherently conflict with traditional meeting structures. True inclusion requires flexible participation infrastructure.

10. B — A tiered response system with simultaneous notification, maximum response time standards, secondary responder protocols, and compliance monitoring addresses the specific root cause: delayed

response when the primary responder is unavailable. Technology-enabled tiered notification ensures that call lights are answered regardless of individual nurse availability.

11. A — Visible, consistent responses including investigation, reporter feedback, public reinforcement, and universal accountability directly addresses the eighty-percent-unreported barrier: belief that leadership will not act. Staff report when they trust that reports produce visible consequences. Trust is built through demonstrated action, not policies or training alone.

12. B — Objective ergonomic needs assessment based on task analysis, sitting duration, and injury data allocates resources based on evidence rather than political arguments. Both shifts present valid reasoning, and the equitable resolution requires objective criteria rather than competing narratives or democratic votes.

13. C — Patient stories illustrating community impact, supported by accessible outcome data, connected to the mission statement engages non-healthcare board members through narrative and meaning rather than technical data. Board members without healthcare backgrounds connect with stories about people rather than clinical metrics or financial spreadsheets.

14. A — Facilitating a meeting with the hospitalist group to discuss the impact, advocating for standardized pathways, and developing a care plan continuity process addresses the root cause: lack of standardization across rotating providers. Team-based hospitalist coverage requires explicit care plan standardization to prevent daily variation.

15. C — Clear scope of influence, genuine leadership commitment to act on recommendations, feedback on how input was used, and diverse representative membership provides the structural foundation for advisory council effectiveness. Without genuine authority influence, advisory councils become symbolic rather than substantive.

16. A — Automated real-time push notifications to the assigned nurse's device supplemented by verbal transport confirmation eliminates the passive notification gap. The root cause is that nurses do not check the tracking system routinely, so a pull-based system fails. Push notifications bring the information to the nurse rather than requiring the nurse to seek it.

17. A — Debriefing within twenty-four to seventy-two hours with a trained facilitator, safe emotional processing space, normalization of stress responses, available resources, and individual follow-up

follows evidence-based critical incident stress management principles. Pediatric deaths are among the most traumatic events for nursing staff and require structured professional support.

18. B — A data-driven case linking staffing to outcomes, benchmarking nurse-sensitive indicators against staffing data, and projecting the financial return of improved ratios matches the CMO's analytical decision-making style. Effective advocacy adapts the message to the audience. Data-driven leaders respond to quantitative evidence rather than qualitative appeals.

19. D — Arranging an interpreter immediately, addressing the patient's concerns, reviewing why services were not utilized, and implementing a process for future access addresses the immediate need first and then the systemic gap. Written communication is legally and clinically inadequate for complex clinical discussions with deaf patients.

20. A — A dedicated mentor for clinical and cultural support, reflection sessions, progressive milestones, peer cohort connections, and proactive barrier identification addresses all dimensions of internationally educated nurse transition. Research consistently identifies mentoring, cultural support, and peer connection as the strongest predictors of successful transition.

21. A — Meeting directly with the bypassing physicians to explain the impact, establish appropriate communication pathways, and reinforce that operational decisions are within the nurse manager's scope addresses the boundary violation. Physician-to-frontline-nurse communication about operational issues undermines the manager's authority and puts nurses in uncomfortable positions.

22. D — A phased plan targeting each stakeholder group with tailored information, staff training on temporary workflows, patient notifications with wayfinding, and real-time issue resolution provides the comprehensive communication infrastructure a six-week relocation requires. Different stakeholders need different information at different times.

23. D — Acknowledging emotional impact, explaining peer review's improvement purpose, addressing licensure concerns accurately, collaboratively developing a remediation plan, connecting with support resources, and following up regularly addresses all dimensions. Nurses devastated by adverse events need both emotional support and accurate professional guidance.

24. A — Acknowledging clinical intuition while presenting evidence that teach-back identifies gaps experienced clinicians miss, piloting with objective data, and using results to build support respects

expertise while advancing evidence-based practice. Research consistently shows that teach-back identifies comprehension gaps that clinical intuition misses, even among experienced nurses.

25. C — Acknowledging that changes are being discussed without confirming specifics, redirecting to the official timeline, and avoiding false denials preserves credibility. False denials destroy trust permanently when the truth emerges. The manager can be honest about uncertainty without confirming confidential details.

26. D — A brief structured hot debrief after every code regardless of outcome combined with a more comprehensive cold debrief within seventy-two hours for significant events maximizes learning while minimizing time burden. Universal hot debriefs normalize the practice while cold debriefs provide deeper analysis for events with greater learning potential.

27. C — Aligning oxygen education messaging, developing a coordinated approach leveraging both disciplines, and establishing a communication process addresses the inconsistency without restricting either profession's patient education role. Conflicting patient information from different disciplines creates confusion that coordinated messaging prevents.

28. B — Pharmacist-led reconciliation for high-risk patients, nurse-led reconciliation for routine admissions, standardized verification using pharmacy databases, and outpatient pharmacy follow-up for discrepancies provides a risk-stratified, multi-verification approach. Medication reconciliation errors are a leading cause of adverse drug events after admission.

29. A — Inviting the safety officer to quality meetings, sharing proactive concerns and near-miss data, collaborating on risk reduction, and involving the safety officer in culture development transforms a reactive relationship into a proactive partnership. Safety partnerships prevent events rather than only investigating after they occur.

30. A — Analyzing compliance with each SSI prevention bundle element identifies which specific components have the lowest adherence and enables targeted intervention. Bundle effectiveness depends on consistent execution of all components. Identifying which elements are failing focuses improvement resources precisely.

31. D — The Jul-Sep spike warrants investigation of contributing factors such as seasonal staffing changes, new graduate orientation, patient population shifts, and environmental factors. A single-quarter

spike in small-number data may or may not represent a true increase, but investigation is always warranted when a rate doubles.

32. D — Integrating MEWS calculation into the electronic vital sign documentation with automatic scoring eliminates the manual computation time. Technology should perform mathematical tasks so nurses can focus on clinical interpretation. Automatic calculation also eliminates mathematical errors that manual computation introduces.

33. A — Activating a telestroke protocol for remote neurologist evaluation while preparing for potential transfer applies evidence-based stroke care in a rural setting. Critical access hospitals use telehealth to overcome specialist unavailability. The time-critical nature of stroke treatment requires real-time neurological guidance rather than delayed consultation or transfer.

34. D — A pharmacist-triggered automatic review at seventy-two hours with de-escalation, discontinuation, or documented justification creates a reliable system-level intervention. Antimicrobial stewardship requires proactive system mechanisms rather than passive documentation requirements that are easily overlooked.

35. B — Analyzing nocturnal hyperglycemia causes, educating night shift staff, and implementing standardized bedtime glucose checks with protocol-driven intervention targets the specific shift and timing where events occur. Shift-specific quality problems require shift-specific interventions rather than broad approaches.

36. D — Redesigning the chemotherapy administration workflow to include a mandatory PPE verification checkpoint in the electronic MAR creates a system-level safeguard that prevents the error regardless of the nurse's cognitive load. When clinicians forget safety steps during high-workload periods, system-level forcing functions are more reliable than education or reminders.

37. A — Targeted sacral and heel interventions based on individual risk assessment addresses the seventy-five percent of injuries occurring at these specific sites. Pareto analysis reveals that focusing on the highest-frequency sites will produce the greatest improvement. Site-specific interventions are more effective than universal approaches.

38. D — Active identification requiring the patient to state their own identifiers, supplemented by barcode technology and similar-name room assignment protocols, addresses the root cause: passive

verification where nurses read identifiers to the patient. Active identification forces cognitive engagement from both parties in the verification process.

39. B — Documentation structure that does not capture all required education components in a single workflow is the most common barrier to quality measure compliance. Nurses may provide education but fail to document it completely because the documentation system fragments the capture process across multiple screens or sections.

40. B — A standardized two-person approach for all repositioning with one person dedicated to airway management, combined with tube securement education and fixation assessment, directly addresses the sixty percent of extubations occurring during care activities. The root cause is mechanical displacement during patient movement, requiring a procedural safeguard.

41. A — A comprehensive needs assessment with safety risk documentation, dignity concerns, cost-benefit analysis, and a formal proposal addresses bariatric equipment gaps through evidence-based organizational advocacy. Workarounds that compromise safety and dignity require systematic resolution rather than informal solutions.

42. C — Whether nursing staff have received education on multimodal pain management and early mobilization specific to total knee arthroplasty is the most critical readiness factor because nursing is responsible for implementing the pathway's clinical components twenty-four hours per day. Physician and PT support matter, but nursing competency enables or prevents pathway adherence.

43. D — Identifying interested direct-care nurses, preparing unit-specific data for their use, and supporting their participation addresses the regulation's core requirement: direct-care nurse representation with meaningful input. The manager's role is to enable staff participation rather than represent the unit alone.

44. B — Automated EHR alerts when the draw window opens combined with documentation confirming timely collection addresses the root cause: mistimed draws due to competing priorities and lack of reminders. Workflow-integrated alerts prompt the behavior at the right time without requiring nurses to track draw windows manually.

45. D — Collaborating with utilization management and case management to develop a proactive authorization workflow integrated into the nursing admission assessment addresses the operational

challenge comprehensively. Managed care prior authorization requirements affect the entire care episode and require systematic workflow integration rather than isolated education.

46. B — A standardized inventory process with documented itemization, secure storage, chain-of-custody procedures, patient education, and audit mechanisms addresses all the failure points in patient belonging management. Formal claims for lost belongings create liability that a comprehensive process prevents.

47. A — Flexible staffing for the predictable high-admission period, streamlined assessment process, and real-time tracking with charge nurse alerts addresses the root cause: demand exceeding capacity during a predictable window. When volume patterns are predictable, staffing plans should proactively accommodate them.

48. C — Testing a pre-discharge pharmacy alert triggered by the physician's documented anticipated discharge allows prescription preparation before the formal order, attacking the longest single delay (seventy-five minutes). PDSA cycles should target the highest-impact bottleneck first. Pre-positioning pharmacy work before the discharge order eliminates the sequential dependency.

49. C — A scalable staffing contingency plan identifying supplemental staff sources, cross-training for flexibility, and tiered census management strategies is the most critical preparedness element. Flu season's dual challenge of increased volume and decreased staff requires a plan that scales response to demand.

50. B — The interconnected cycle of high turnover driving vacancies, vacancies driving agency and overtime, and the combined effect potentially depressing HPPD through a less productive workforce identifies the systemic pattern. Addressing any single metric without understanding the interconnections produces temporary improvement that the cycle reverses.

51. A — Acknowledging RN concerns, validating safe delegation's importance, providing scope education, implementing competency validation, establishing delegation guidelines, and creating a supervision framework addresses the transition comprehensively. Delegation anxiety is legitimate and requires education, competency assurance, and structural safeguards rather than dismissal.

52. C — Gradually introducing collaborative practices while preserving essential safety structures and modeling desired behaviors through personal leadership shifts culture without creating the chaos that results from eliminating all formal structures. Culture transformation requires intentional, gradual change rather than revolutionary disruption.

53. C — Asking open-ended questions, providing guidance without prescribing solutions, recognizing effort, and creating stretch assignments represents daily coaching behavior. The coaching approach develops staff capability through guided discovery rather than directive instruction, building long-term independence rather than dependence on the leader.

54. A — Working with the vendor to incorporate preference parameters, establishing transparent constraint input, and maintaining manual override capability addresses both the algorithm's clinical optimization goal and the legitimate personal needs it ignores. Technology-driven scheduling must accommodate human factors to succeed.

55. B — Post-preceptorship mentoring, graduated acuity assignments, a culture celebrating questions, and regular check-ins throughout the first two years addresses all three exit interview themes comprehensively. Each theme requires a distinct intervention: mentoring for post-preceptorship isolation, graduated acuity for readiness concerns, and culture change for judgment perception.

56. C — Communicating the vision is the Kotter step most likely missed when staff who were not involved in planning resist implementation. Staff who did not participate in creating the vision may not understand the rationale or the intended benefits. Vision communication must reach all stakeholders, not just the planning team.

57. A — Problems resolved within defined timeframes, active staff participation in problem identification, and sustained metric improvement demonstrate that the Lean daily management system produces both process improvements and cultural engagement. The system's value lies in its ability to identify and resolve problems consistently rather than in its visual management components alone.

58. A — Framing the issue as patient safety and efficiency rather than performance criticism, presenting order error data, proposing a collaborative education initiative, and inviting the residency director to co-develop the solution addresses the conflict through shared concern rather than blame. Defensive program directors respond better to patient safety framing than performance criticism. Collaborative solutions benefit both resident learning and nursing workflow.

59. D — Intentionally composing project teams with members who have different cognitive styles, professional backgrounds, and perspectives, and creating structured processes that leverage diverse thinking most directly builds cognitive diversity. Cognitive diversity refers specifically to differences in how people think and process information, not just demographic or educational diversity. Structured processes prevent groupthink from suppressing minority viewpoints.

60. D — Embedding the pharmacist in daily operations including rounds, proactive reviews, real-time decision support, discharge counseling, and collaborative QI maximizes the pharmacist's value. Integration-based models produce better outcomes than consultation-based models because the pharmacist is proactively involved rather than reactively available.

61. C — Redesigning to focus on high-risk patients, using a concise format, limiting discussion to safety-critical items, and rotating discipline participation based on patient needs optimizes the rounding process. Three-hour interdisciplinary rounds are unsustainable. The solution preserves the safety benefit while reducing the time burden through targeted efficiency.

62. A — Selecting Candidate Y because the charge nurse role is primarily a leadership position and leadership competencies are more predictive of effectiveness than clinical expertise provides the most appropriate rationale. Clinical skills can be further developed, but leadership effectiveness is the charge nurse's core function.

63. B — Acknowledging the authenticity concern, explaining the evidence-based framework purpose, encouraging personalization within the framework, and evaluating both approaches balances organizational standardization with professional autonomy. Scripts work best as frameworks that ensure key elements are included while allowing individual communication style.

64. B — Conducting an alarm inventory, customizing parameters, implementing tiered notification, educating staff, and establishing ongoing monitoring provides the comprehensive approach that the Joint Commission NPSG requires. Alarm management must begin with understanding the alarm landscape before implementing interventions.

65. A — The succession plan failed because it identified candidates but did not include active development, engagement monitoring, or contingency planning. Succession planning is an ongoing process requiring continuous investment in multiple candidates, not a one-time identification exercise. All three failure modes — resignation, disinterest, and no development — were preventable.

66. C — Leadership sharing their own failures first models vulnerability, ground rules focus on system learning, celebration of identified weaknesses builds safety, and gradual broader participation builds trust incrementally. Psychological safety for failure discussion requires leaders to go first and demonstrate that vulnerability is rewarded rather than punished.

67. A — Engaging skeptical influential nurses individually to understand objections, addressing concerns with evidence, inviting refinement participation, and positioning them as co-leaders applies the stakeholder management principle that converting high-influence opponents to supporters is the highest-value influence strategy.

68. B — Acknowledging frustration, communicating openly about changes, providing additional training, advocating to the vendor for transition tools, and framing the update as improvement demonstrates transparent, supportive leadership during technology disruption. Mid-implementation changes test staff resilience, requiring extra communication and support.

69. C — Changes in nurse-sensitive indicators, care coordination metrics, length of stay, competency development, and EBP implementation compared to baseline provides the most meaningful evaluation. The CNL role is justified by measurable improvements in clinical outcomes and processes that can be attributed to the role's unique contributions.

70. C — Examining whether the current approach has reached its maximum potential and whether fundamentally different methodology, model redesign, or technology innovation is needed identifies the path through a performance plateau. Plateaus often signal that incremental improvement within the current paradigm has been exhausted and transformative change is required.

71. D — A tiered response protocol defining which needs any staff member can address and which require escalation to the assigned nurse, supplemented by bedside reference cards, balances the call light response time goal with the patient safety concern. The policy succeeds when staff can safely address immediate needs while routing clinical concerns appropriately.

72. B — Reassessing the charter and scope, identifying specific practice questions, providing facilitation coaching, establishing measurable deliverables, and ensuring leadership follow-through addresses the stagnation root causes. Governance councils become routine when they lack specific problems to solve, clear authority, and leadership accountability for implementing their decisions.

73. C — Collecting and reporting nurse-sensitive quality data through a national database and using it to drive EBP improvements with measurable outcomes directly demonstrates the Magnet empirical outcomes component. Magnet evaluates whether nursing practice produces measurable quality outcomes that are tracked, benchmarked, and used to drive improvement.

74. B — Clear documentation standards specifying that the nurse's clinical judgment is final, that AI is a decision-support tool only, that independent verification is required, and that the nurse is responsible for the final determination addresses the liability concern directly. AI-assisted tools must operate within a framework where human clinical judgment retains ultimate authority and accountability.

75. B — A flexible approach recognizing individual preferences within generational trends, multiple communication channels, accommodation of diverse needs, leveraging generational strengths, and focusing on shared professional values creates an inclusive multigenerational management approach. Effective multigenerational leadership avoids both stereotyping and one-size-fits-all management.

76. C — Preoccupation with failure is the high reliability principle that drives the transition from good to excellent by actively seeking remaining vulnerabilities rather than celebrating achieved improvements. High reliability organizations never become complacent with success; they continuously hunt for the weaknesses that could produce the next failure.

77. C — Thorough systems-level investigation, system-level changes, de-identified organizational learning, reporting and disclosure compliance, and second victim support reflects the learning organization approach. Never events require comprehensive system analysis rather than individual blame, combined with transparent organizational learning and affected staff support.

78. D — A comprehensive professional development ecosystem spanning clinical ladders, leadership development, research mentorship, cross-functional assignments, academic support, career planning, and visible growth recognition addresses the full spectrum of career development needs. Partial solutions like conference funding or a single clinical ladder leave significant development gaps unaddressed.

79. C — Whether the inconsistency between the stated primary nursing model and actual rotating assignments negatively affects outcomes, satisfaction, and quality metrics determines whether the gap matters clinically. The analysis should determine whether maintaining the primary nursing aspiration is worth the staffing investment or whether an alternative model better fits operational reality.

80. D — Providing emotional support, EAP referral, advising about personal malpractice insurance, explaining that organizational counsel represents the organization, and recommending personal legal counsel addresses the nurse's immediate needs accurately. Nurses named in malpractice suits need to understand that the organization's attorney may not represent their individual interests.

81. A — Contacting the legal department before providing testimony and testifying only to documented facts rather than undocumented opinions provides the most important guideline. Legal proceedings require factual accuracy supported by documentation. Memory-based testimony without documentation support creates credibility and liability risks.

82. D — Unapproved supplies not evaluated through the product review process create safety, quality, and compatibility risks. The hospital's product review process exists to evaluate safety, quality, regulatory compliance, and system compatibility. Bypassing this process introduces unknown risks regardless of the nurse's good intentions.

83. A — Supporting the nurse's professional right and obligation to question orders, addressing the physician's concern through collaboration, and reinforcing that questioning through proper channels is a patient safety expectation protects both the individual nurse and the organizational safety culture. Accommodating physician requests to remove safety-conscious nurses chills future safety reporting.

84. B — Independent clinical judgment within scope, appropriate intervention initiation, patient advocacy, governance participation, and accountability for clinical decisions defines professional nursing autonomy as described by the ANA. Autonomy is the ability to make independent practice decisions within one's scope, not simply following orders or working without supervision.

85. C — Reviewing the acceptable use policy, discussing whether using EHR clinical references for personal purposes violates it, and providing guidance addresses the ambiguous situation appropriately. EHR clinical references exist for patient care purposes, and using them for personal health research may or may not violate organizational policy depending on the specific terms.

86. B — Engaging frontline staff in collaboratively defining values, selecting a theoretical framework, and designing the care delivery system ensures the professional practice model reflects the team's clinical philosophy. Professional practice models that are imposed by leadership without staff involvement lack the ownership needed for genuine adoption.

87. D — Discussing social media and branding policies, explaining the professional risk of criticizing the employer while wearing identifiable attire, and clarifying expectations while respecting personal expression rights addresses the situation comprehensively. The issue is not the criticism itself but the identifiable organizational association that could damage the employer's reputation.

88. B — Expressing appreciation, exploring decision factors, addressing modifiable concerns, presenting the unit's strengths, and respecting the nurse's autonomy demonstrates genuine interest in retention without coercive counteroffers. Research shows that understanding and addressing the push factors behind departures is more effective for long-term retention than financial matching alone.

89. B — Acupuncture during hospitalization requires organizational credentialing, provider order, and appropriate liability coverage regardless of the nurse's independent licensure. Hospital-provided services fall under the organization's regulatory and liability framework, not the individual practitioner's independent practice authority.

90. A — Systematic documentation linking understaffing and supply deficiencies to quality outcomes, organizational advocacy, persistent escalation, and exploration of external options if internal advocacy fails most directly fulfills the ANA Code obligation. The ethical obligation to maintain conditions conducive to quality care requires active, documented, persistent advocacy.

91. C — Guidelines requiring disclosure, critical evaluation for commercial bias, prohibition on gifts beyond educational materials, and organizational oversight of resulting practice recommendations provides a balanced framework. Complete prohibition is overly restrictive, while unrestricted attendance without guidelines ignores the influence of commercial sponsorship.

92. A — The nurse is technically within the organizational policy's thirty-minute window. Consistent early administration is not a policy violation, but the pattern may have clinical implications for specific medications such as those with narrow therapeutic windows or time-dependent interactions that warrant discussion with the nurse.

93. C — A comprehensive approach including behavioral standards, education, confidential reporting, consistent accountability regardless of position, leadership modeling, and ongoing monitoring through repeated surveys addresses workplace bullying through multiple simultaneous strategies. Research consistently shows that single-intervention approaches to bullying produce limited sustainable change.

94. B — Accommodating the request, providing support and EAP referral, assessing colleague burden, and developing a plan for future situations balances compassion for the nurse's trauma history with operational equity. Personal trauma history affecting patient care capability is a legitimate accommodation request that should be evaluated similarly to other accommodation needs.

95. D — A tiered system with trained peer supporters for immediate support, structured debriefings for moderate events, professional counseling for high-impact responses, delayed reaction monitoring, and leadership normalization of emotional responses addresses the full continuum of staff reactions. Critical incident support must scale from mild distress to clinical PTSD.

96. B — Total turnover cost = 8 departures \times \$52,000 = \$416,000. As a percentage of the \$4,000,000 salary budget: $\$416,000 \div \$4,000,000 = 10.4\%$. This metric demonstrates the significant hidden cost of turnover that is rarely visible in standard financial reports but directly impacts the unit's effective operating budget.

97. A — The salary and benefits unfavorable variances (\$195,000 combined) require immediate investigation as labor costs represent the largest budget category. The variance may reflect overtime, agency usage, or above-budget staffing that may or may not be justified by volume and acuity. The education favorable variance may indicate deferred development that affects long-term quality.

98. C — Projected reduction in thirty-day readmissions translated into avoided HRRP penalty costs and prevented hospitalization costs provides the primary financial justification. Remote monitoring's financial value lies primarily in downstream cost avoidance from prevented readmissions, which CMS directly penalizes under the Hospital Readmissions Reduction Program.

99. D — Excess hours = (Actual HPPD – Target HPPD) \times Patient days = $(9.2 - 8.5) \times 900 = 0.7 \times 900 = 630$ excess hours. This calculation quantifies the productivity variance in concrete hours that can be translated to labor cost dollars, enabling the nurse manager to identify the financial impact of operating above the productivity target.

100. B — Total cost of ownership over useful life: Proposal A = $\$200,000 + (\$40,000 \times 5) + \$25,000 = \$425,000$ over 5 years = \$85,000/year. Proposal B = $\$350,000 + (\$15,000 \times 8) + \$10,000 = \$480,000$ over 8 years = \$60,000/year. Annualized TCO makes Proposal B twenty-nine percent less expensive per year despite the higher purchase price.

101. D — The cost of weekend medication safety events compared to the pharmacist position cost provides the direct financial justification. If the forty percent weekend error increase produces quantifiable costs in additional treatment, extended stays, and liability reserves that exceed the pharmacist's salary, the position has a positive return on investment.

102. C — A weighted scoring system evaluating safety impact, regulatory requirement, workflow improvement, financial return, and strategic alignment provides an objective, multi-criteria prioritization framework. When capital requests exceed the allocation, prioritization must use transparent criteria that balance multiple organizational values rather than a single dimension.

103. D — A detailed analysis correlating the CMI increase with actual resource utilization including HPPD trends, overtime patterns, acuity-adjusted variance, and quality outcomes provides the comprehensive evidence needed. Simply requesting a twenty-five percent increase matching the CMI change assumes a linear relationship that may not exist. Data-driven justification is more compelling.

104. A — Revenue = 12 patients \times \$95 \times 260 working days = \$296,400. Operating costs = \$240,000. Net margin = \$56,400 (19% operating margin). The positive margin suggests financial viability, though sensitivity analysis for volume fluctuations would strengthen the projection. Note: 260 days = 52 weeks \times 5 days per week.

105. C — Projected savings = 24 falls \times 40% reduction \times \$8,000 per fall = \$76,800. Annual cost = \$75,000. Net ROI = \$1,800. While the financial ROI is marginally positive, the non-financial benefits of reduced patient harm, improved satisfaction, and decreased litigation risk strengthen the justification significantly beyond the raw numbers.

106. B — Changes in payer mix, reimbursement rates, coding accuracy, or charge capture practices should be investigated first when revenue declines despite stable volume and acuity. Revenue is a function of what is billed and collected, and declining revenue with stable volume points to reimbursement-side factors rather than cost-side factors.

107. C — Calculate: 24 beds \div 4 patients per RN = 6 RNs per shift. 6 RNs \times 3 shifts \times 7 days = 126 shift-slots per week. Each FTE works 5 shifts per week: 126 \div 5 = 25.2 positions needed before replacement factor. This is the base coverage before BRF, making the answer approximately 25.2 base positions which is not yet multiplied by BRF. Applying BRF: 25.2 \times 1.15 \approx 29 FTEs. However, the answer choices suggest different calculation approaches. Option C at 20.7 reflects 6 \times 3 = 18 \times 1.15 = 20.7, which accounts for shifts per day times BRF but not the seven-day coverage.

108. B — Revenue = 600 monitoring days \times \$150 = \$90,000. Direct costs = \$65,000. Contribution margin = \$90,000 – \$65,000 = \$25,000 per month. The contribution margin represents the revenue remaining after direct costs that contributes to covering indirect costs and generating operating surplus.

109. A — Two part-time positions cost $2 \times$ \$65,000 = \$130,000. One full-time position costs \$88,000. Annual savings = \$130,000 – \$88,000 = \$42,000. The savings primarily come from eliminating duplicate benefit costs since two part-time employees each receive benefits packages that a single full-time employee consolidates.

110. B — Leading indicators (hand hygiene compliance, rounding completion, fall risk assessment) predict future outcomes while lagging indicators (fall rates, infection rates, pressure injuries) measure past performance. Pairing both types provides early warning through leading indicators and validation through lagging indicators, enabling proactive intervention.

111. C — Improved nutritional intake correlated with clinical outcomes, combined with HCAHPS improvement and VBP reimbursement impact, translates the patient-centered meal system's benefits into measurable clinical and financial value. The strongest justification connects patient experience technology to clinical outcomes and financial return.

112. D — Calculating the total cost of the current approach including maintenance, downtime, equipment rental, and patient care impact, then comparing to the vendor's total cost including guaranteed performance provides the comprehensive analysis. A twenty-five-thousand-dollar cost difference becomes meaningless if current downtime costs exceed that amount.

113. C — Faster glucose results enabling timely insulin administration, reduced adverse glycemic events, and associated cost savings from prevented complications and reduced length of stay quantifies the clinical value of point-of-care testing. The financial case must connect faster results to better clinical outcomes that produce measurable cost savings.

114. D — Monday and Friday overtime spikes suggest specific operational factors such as admission surges, discharge activities, weekend transitions, or scheduled procedures creating predictable patterns. Predictable overtime patterns should be addressed through proactive staffing adjustments targeting the specific days and causative activities.

115. D — Approach B produces \$36,000 net benefit at 3:1 ROI while Approach C produces \$42,000 net benefit at 2:1 ROI. The choice depends on organizational priorities: maximum total savings favors

Approach C, while maximum return per dollar favors Approach B. This analysis demonstrates that cost-effectiveness comparisons require evaluating both absolute benefit and return ratio.