PRACTICE EXAM 9 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager is applying Appreciative Inquiry to address low staff engagement on the unit. Unlike traditional problemsolving that focuses on what is broken, Appreciative Inquiry explores what works well and builds on existing strengths. The manager is beginning the "Discovery" phase. Which action is MOST consistent with this phase?

A. Develop a strategic plan outlining the vision for an ideal future work environment based on leadership's assessment of the unit's needs

B. Identify the specific problems causing low engagement and develop targeted solutions for each identified deficit

C. Conduct interviews asking staff to describe their best experiences on the unit, the conditions that made those experiences possible, and what they value most about their work

D. Implement pilot programs based on best practices from other highengagement units and evaluate whether engagement scores improve

2. A nurse manager is addressing a pattern of lateral violence on the unit. A senior nurse consistently excludes a junior nurse from informal information sharing, withholds clinical tips that would help the junior nurse develop, and makes sarcastic comments about the junior nurse's pace during shift report. The junior nurse has not filed a formal complaint but appears increasingly withdrawn. Which action is MOST appropriate?

A. Wait for the junior nurse to file a formal complaint before intervening since the manager should not act on observations alone without a formal report

B. Address the senior nurse's behavior directly with specific examples, explain how the behaviors constitute lateral violence, establish clear behavioral expectations, and simultaneously check in with the junior nurse to offer support and ensure she knows reporting channels are available

C. Transfer the junior nurse to a different shift to separate the two nurses and protect the junior nurse from further lateral violence

D. Send a unitwide email about lateral violence awareness without identifying specific individuals to avoid singling out the senior nurse

3. A nurse manager is implementing TeamSTEPPS communication strategies on the unit to improve team performance and patient safety. The "CUS" technique is being introduced as a framework for escalating safety concerns. Which explanation of CUS is MOST accurate?

A. CUS is a threetiered assertive communication framework where a team member states "I am Concerned," then "I am Uncomfortable," then "This is a Safety issue," with each statement representing an escalating level of urgency that signals the need for the team to stop and address the concern

B. CUS stands for Communicate, Understand, and Solve — a structured problemsolving approach for resolving clinical disagreements between team members

C. CUS is a patient communication technique where nurses Clarify, Update, and Summarize information during patient education interactions

D. CUS is an administrative reporting framework where safety events are Classified, Uploaded to the reporting system, and Submitted to the safety officer for review

4. A nurse manager is responsible for a unit where a float pool nurse has been involved in a medication error. The float nurse states she was unfamiliar with the unit's specific medication administration protocols, which differ from her home unit. The unit's orientation for float nurses consists of a fiveminute verbal overview from the charge nurse. Which action addresses BOTH the immediate issue and the systemic vulnerability?

A. Discipline the float nurse for the medication error since all licensed nurses are responsible for knowing medication administration standards regardless of unit assignment

B. Restrict the float pool from sending nurses to the unit until a more comprehensive orientation process is developed

C. Require float nurses to shadow a unit nurse for the first two hours of every assignment to learn unitspecific protocols

D. Develop a standardized, concise float nurse orientation checklist covering unitspecific highrisk protocols, provide it to every float nurse upon arrival, designate a resource nurse for each shift, and address the medication error through the organization's just culture framework

5. A nurse manager is facilitating a conversation between a surgeon and a bedside nurse after the surgeon berated the nurse in front of a patient for questioning a postoperative order. The nurse followed the appropriate communication pathway but the surgeon perceived the questioning as a challenge to medical authority. Which facilitation approach is MOST effective?

A. Support the surgeon's perspective and counsel the nurse on more deferential communication strategies when questioning physician orders

B. Support the nurse's perspective and report the surgeon to the medical staff office for disruptive behavior without attempting resolution

C. Facilitate the conversation privately, validate both perspectives, and focus on developing mutually acceptable communication strategies for future clinical disagreements

D. Address the surgeon's behavior as a violation of professional conduct standards, validate the nurse's right and obligation to question orders, establish that respectful communication is nonnegotiable regardless of professional role, and develop a framework for future clinical disagreements that preserves both patient safety and professional dignity

6. A nurse manager is developing a plan to improve the quality of endoflife communication on the unit. Data shows that goalsofcare conversations are initiated late in the hospitalization, often during crises, and nursing staff report feeling unprepared to facilitate these discussions. Which intervention is MOST comprehensive?

A. Develop a physicianled protocol requiring goalsofcare discussions within twentyfour hours of admission for all patients with lifelimiting illnesses

B. Implement a structured communication education program for nursing staff including training in facilitating goalsofcare conversations, identification of patients who would benefit from early discussions, a triggerbased system for initiating conversations, and interprofessional collaboration with palliative care

C. Hire a dedicated palliative care nurse specialist for the unit who manages all endoflife communication

D. Require a mandatory ethics consultation for every patient with a lifelimiting diagnosis to ensure goalsofcare discussions occur

7. A nurse manager is addressing a situation where nursing staff members routinely discuss patient care details in the elevator. A family member overheard identifiable patient information during an elevator conversation and filed a HIPAA complaint. Which response is MOST comprehensive?

A. Address the specific incident through the organizational HIPAA reporting process, reeducate all staff on HIPAA requirements for verbal communication in public spaces, implement visual reminders in elevators and common areas, and incorporate HIPAA awareness into ongoing competency assessment

B. Issue a unitwide policy prohibiting all clinical discussions in elevators, hallways, and public areas without exception

C. Identify the specific nurses involved in the overheard conversation and initiate progressive discipline for the HIPAA violation

D. Post signage in the elevators reminding staff and visitors that patient information should not be discussed in public areas

8. A nurse manager is responsible for communicating a new organizational policy requiring all nursing staff to participate in at least one quality improvement project annually. Staff reaction is negative, with nurses stating they are already overwhelmed with patient care responsibilities and do not have time for additional projects. Which communication approach is MOST effective?

A. Acknowledge the concern but enforce the policy as written since organizational requirements must be implemented regardless of staff preferences

B. Acknowledge the workload concern, explain how QI participation supports both patient care and professional development, offer multiple levels of participation from individual bedside projects to committee membership, provide protected time for QI activities, and demonstrate how existing clinical work can fulfill the requirement

C. Negotiate with leadership to make QI participation voluntary rather than mandatory to preserve staff goodwill

D. Delay implementation for six months to allow staff time to adjust to the idea of mandatory QI participation

9. A nurse manager is developing a structured approach to managing patient complaints. Currently, complaints are handled inconsistently by whichever staff member receives them. Some complaints are resolved immediately while others are lost in the process and never addressed. Which system is MOST effective?

A. Implement a standardized complaint intake process with documentation, acknowledgment to the patient within a defined timeframe, investigation by the appropriate person, resolution with patient followup, trend analysis of complaint data, and use of complaint patterns to drive systematic improvement

B. Assign the charge nurse on each shift to receive and resolve all patient complaints before the end of the shift

C. Direct all patient complaints to the patient relations department since they have the expertise and authority to investigate and resolve patient concerns

D. Create a patient complaint form that is placed in every patient room so patients can document their concerns in writing for the nurse manager to review daily

10. A nurse manager is responsible for a unit where a recently hired nurse has disclosed to a coworker that she is in recovery from substance use disorder and has been sober for three years. The coworker reported this information to the nurse manager out of concern for patient safety. The nurse in recovery has no performance issues and is not enrolled in a state monitoring program. Which response is MOST appropriate?

A. Treat the information as confidential and take no employment action based on a disability disclosure that has no current impact on job performance, while maintaining awareness of the nurse's wellbeing as with any employee

B. Notify the state board of nursing about the nurse's substance use history so they can determine whether monitoring is required

C. Require the nurse to enroll in the state's alternativetodiscipline program as a condition of continued employment

D. Implement random drug testing specifically for this nurse to ensure ongoing sobriety and patient safety

11. A nurse manager is working to build a stronger relationship with the hospital's patient experience officer. Currently, patient experience data is shared with the unit quarterly through a written report with no followup discussion. Which approach would MOST effectively strengthen the partnership?

A. Request that the patient experience officer present the quarterly data in person at a unit staff meeting rather than distributing a written report

B. Establish regular collaborative meetings to review realtime patient experience data, jointly identify improvement opportunities, codevelop interventions, and evaluate outcomes, positioning the patient experience officer as an integrated partner rather than a report distributor

C. Invite the patient experience officer to shadow nurses on the unit for a shift to develop a deeper understanding of the clinical environment

D. Ask the patient experience officer to conduct patient interviews on the unit to gather more detailed qualitative data beyond the standard survey scores

12. A nurse manager is addressing a communication challenge created by the hospital's transition to a new electronic health record system. During the transition, nurses must document in both the old and new systems simultaneously for a twoweek parallel period. Nurses report that dual documentation doubles their workload and takes time away from patient care. Which response is MOST appropriate?

A. Acknowledge the temporary burden, provide additional staffing support during the parallel period, ensure superusers are available on every shift for realtime assistance, communicate the specific end date for dual documentation, and recognize staff effort throughout the transition

B. Eliminate the parallel documentation requirement and transition directly to the new system to reduce the burden on nursing staff

C. Extend the parallel documentation period from two weeks to four weeks to give staff more time to become proficient with the new system

D. Require only charge nurses to complete dual documentation and allow bedside nurses to document exclusively in the new system during the transition

13. A nurse manager is responsible for a unit where nurses frequently communicate medication changes to patients by saying "the doctor changed your medicine" without explaining why. Patients report feeling uninformed and anxious about medication changes. Which intervention is MOST effective?

A. Develop a patient communication script for medication changes that requires nurses to read a standardized explanation to every patient

B. Require physicians to communicate all medication changes directly to patients since they have the clinical expertise to explain the rationale

C. Post medication information handouts in each patient room that explain common medication changes and their rationale

D. Educate nurses on communicating medication changes using a structured approach that includes the reason for the change, the expected benefit, potential side effects to monitor, and an invitation for the patient to ask questions, and integrate this into the medication administration workflow

14. A nurse manager is leading a unit that has been assigned to pilot a new patientcentered communication initiative called "What Matters to You?" The initiative requires nurses to ask each patient what matters most to them during their hospitalization and integrate the response into the care plan. Several nurses dismiss the initiative as "just another survey question that won't change anything." Which response is MOST effective?

A. Make the initiative mandatory and monitor compliance through chart audits to ensure every patient is asked the question daily

B. Share evidence showing that "What Matters to You?" initiatives have improved patient engagement and outcomes at other organizations, demonstrate how the responses will be visibly integrated into care planning decisions, and pilot with early adopters who can model the practice and share positive experiences

C. Allow nurses to opt in voluntarily and evaluate whether participating nurses have higher patient satisfaction scores than nonparticipants

D. Replace the openended question with a structured checklist of common patient priorities that nurses can select from rather than asking the patient directly

15. A nurse manager is developing a communication plan for a situation where the unit will be required to accept patients from a specialty population it has not previously served. Medicalsurgical nurses will now care for patients with acute psychiatric comorbidities who require medical admission but also exhibit behavioral health symptoms. Staff express fear and resistance. Which communication element is MOST critical?

A. Assure staff that psychiatric patients are no more dangerous than the general patient population and that their fears are based on stigma rather than evidence

B. Provide written protocols for managing common psychiatric emergencies and distribute them to all staff before the first patient arrival

C. Request that the organization hire dedicated psychiatric nurses for the unit rather than requiring medicalsurgical nurses to manage behavioral health patients

D. Acknowledge fears without dismissing them, provide comprehensive education on the specific behavioral health conditions and deescalation techniques, ensure access to psychiatric consultation resources, establish clear safety protocols, and create a gradual exposure plan with leadership support

16. A nurse manager is implementing a structured interdisciplinary communication tool for patient transfers between the emergency department and the inpatient unit. Current handoff communication is inconsistent, and critical information is frequently lost during the transition. Which tool design is MOST effective?

A. Develop a standardized electronic transfer communication form that includes patient identification, clinical status, active treatments, pending results, anticipated needs, and safety concerns, require sender and receiver acknowledgment, and embed the form into the EHR transfer workflow so it cannot be bypassed

B. Require a facetoface handoff between the ED nurse and the receiving unit nurse for every patient transfer

C. Implement a telephone report using a standardized format and require the receiving nurse to read back all critical information before accepting the patient

D. Create a paper checklist that the ED nurse completes and sends with the patient during transport to the inpatient unit

17. A nurse manager is addressing a pattern where night shift nurses consistently leave tasks incomplete for the day shift, including unemptied drains, unchanged wound dressings that were due during the night, and incomplete documentation. Day shift nurses are frustrated, and the pattern has persisted despite informal conversations. Which action is MOST appropriate?

A. Implement a formal shift accountability checklist that documents completion of all required tasks before handoff, with charge nurse verification

B. Address the pattern through individual performance conversations with the specific night shift nurses who are leaving tasks incomplete, using documented examples

C. Review the specific tasks being left incomplete to determine whether the night shift workload makes completion unrealistic, adjust expectations or staffing if needed, and address any individual accountability issues separately

D. Hold a joint meeting with day and night shift staff to discuss mutual expectations and develop a shared agreement about shift responsibilities

18. A nurse manager is coaching a nurse who has been identified as having strong clinical skills and leadership potential but who consistently avoids conflict. The nurse defers to colleagues even when she disagrees clinically, avoids addressing performance issues when she serves as charge nurse, and has declined opportunities that would require confrontational conversations. Which developmental approach is MOST targeted?

A. Assign the nurse to a formal conflict resolution training course and evaluate her performance after completion

B. Provide graduated exposure to conflict situations beginning with lowstakes scenarios, offer coaching before and debriefing after each interaction, model constructive conflict engagement, and help the nurse reframe conflict as a professional skill rather than a personal threat

C. Accept the nurse's conflictavoidant style as a personality trait that cannot be significantly changed and focus development on other leadership competencies

D. Pair the nurse with a highly assertive mentor whose direct communication style will naturally influence the nurse through observation and modeling

19. A nurse manager is working to improve the accuracy of nursetophysician verbal communication during afterhours phone calls. A review of incident reports reveals that key clinical information is frequently omitted during phone notifications, leading to delayed or inappropriate orders. Which intervention is MOST effective?

A. Implement a standardized SBAR communication worksheet that nurses must complete before calling a physician, including specific prompts for the clinical data that the physician needs to make a treatment decision, and train nurses on presenting a concise clinical summary with a specific request or recommendation

B. Require charge nurse approval before any nurse contacts an afterhours physician to ensure the call is necessary and the clinical information is complete

C. Record all nursetophysician phone calls for quality review and provide feedback on communication effectiveness

D. Implement a secure text messaging system that replaces verbal phone calls for all nonemergent afterhours physician communications

20. A nurse manager is developing a communication strategy for an upcoming organizational redesign that will merge two inpatient units into one larger unit with a single leadership structure. The nurse manager from the other unit has also been retained, and both managers will need to collaborate on the merged unit's operations under a new director. Staff from both units are anxious about potential job losses and cultural clashes. Which communication priority is MOST important?

A. Provide transparent and frequent communication about what is known and unknown regarding the merger timeline, staffing decisions, and operational changes, acknowledge uncertainty honestly, create opportunities for staff from both units to voice concerns and ask questions, and present a unified leadership message from both nurse managers

B. Hold separate meetings with each unit's staff to address their specific concerns before bringing both groups together

C. Focus communication on the clinical benefits of the merger and minimize discussion of staffing and structural changes until decisions are finalized

D. Identify the strongest performers from both units and communicate privately that their positions are secure to retain key talent during the transition

21. A nurse manager is implementing a journal club on the unit to promote evidencebased practice. After three months, attendance has declined from fifteen nurses at the first session to four at the most recent session. Feedback indicates that nurses find the articles difficult to understand and the discussions too academic. Which adjustment is MOST likely to sustain participation?

A. Make journal club attendance mandatory and include participation as a component of the annual performance evaluation

B. Reduce the frequency of journal club meetings from monthly to quarterly to reduce the time burden on staff

C. Redesign the journal club format to feature clinically relevant articles selected by staff, use a simplified critical appraisal framework, focus discussions on how findings apply to the unit's specific patient population, and rotate facilitation among staff members with mentoring support

D. Replace the journal club with a monthly research newsletter summarizing relevant studies that nurses can read independently

22. A nurse manager is responsible for a unit that serves a large Amish community. Amish patients and families prefer minimal use of technology, value facetoface communication, and may decline certain medical interventions based on community values. Staff nurses have limited understanding of Amish health beliefs and communication preferences. Which action is MOST appropriate?

A. Develop a culturally responsive care plan in collaboration with Amish community leaders that educates nursing staff on relevant health beliefs, communication preferences, and decisionmaking processes, and establishes protocols for accommodating cultural needs while maintaining clinical standards

B. Assign the same group of nurses to all Amish patients so they develop expertise through repeated experience with this population

C. Provide all nursing staff with a written summary of Amish beliefs and practices to reference when caring for Amish patients

D. Request that the organization hire a cultural liaison who specializes in Amish community health to manage all communication with Amish patients and families

23. A nurse manager is addressing a communication barrier between day shift and night shift created by the nursing schedules. Important operational updates communicated during day shift staff meetings never reach the night shift staff. The nurse manager has tried email, posted flyers, and relied on charge nurses to relay information, all with inconsistent results. Which strategy is MOST effective?

A. Require all night shift nurses to read and sign off on posted meeting minutes within fortyeight hours of each staff meeting

B. Implement a multimodal communication system that includes brief recorded video summaries of key updates accessible on personal devices, a shared digital communication board updated in real time, regular night shiftspecific leadership rounding to reinforce messages, and periodic night shift staff meetings for interactive discussion

C. Schedule all staff meetings during the shift overlap period so both day and night shift nurses can attend

D. Designate a night shift communication champion who is responsible for receiving all day shift communications and disseminating them to night shift colleagues

24. A nurse manager receives feedback from the hospital's interpreter services department that nursing staff frequently use family members as interpreters for routine clinical communications instead of requesting professional interpreters. Staff report that professional interpreters take too long to arrange and that family members are more convenient. Which response is MOST appropriate?

A. Accept the use of family interpreters for routine communication and restrict professional interpreter use to critical conversations such as consent discussions and discharge education

B. Educate staff on the legal requirements and clinical risks of using family members as interpreters, streamline the interpreter request process to reduce wait times, ensure video and phone interpretation options are readily accessible, and establish expectations that professional interpreters are the standard for all clinical communication

C. Implement a policy requiring professional interpreters for all patient interactions without exception and monitor compliance through chart audits

D. Survey patients with limited English proficiency to determine whether they prefer family member or professional interpretation and accommodate individual preferences

25. A nurse manager is implementing a peer feedback program where nurses provide structured feedback to colleagues after observed clinical interactions. The program is designed to supplement formal performance evaluations with ongoing peerdriven development. Several nurses express concern that the program will damage collegial relationships. Which implementation element is MOST important for addressing this concern?

A. Train all staff on providing specific, behavioral, constructive feedback using a standardized framework, establish that feedback is developmental rather than evaluative, ensure confidentiality of

peer feedback exchanges, pilot the program voluntarily before making it universal, and demonstrate leadership commitment by participating in the process themselves

B. Restrict peer feedback to positive observations only and eliminate any constructive criticism component to prevent relationship damage

C. Make peer feedback anonymous so nurses do not know who provided the feedback and cannot attribute criticism to specific colleagues

D. Limit peer feedback to clinical skills observations only and exclude interpersonal communication or teamwork behaviors from the feedback scope

26. A nurse manager is preparing to communicate an organizational decision to close the hospital's dedicated lactation room for employees and convert the space to a patient consultation room. Nursing mothers on the staff are upset, and the nurse manager personally disagrees with the decision. Which communication approach is MOST appropriate?

A. Express personal disagreement with the decision publicly to demonstrate solidarity with the affected staff and validate their frustration

B. Communicate the decision without comment and direct all questions and concerns to hospital administration

C. Refuse to implement the decision and advocate through official channels for the organization to reconsider based on employee impact and legal requirements

D. Communicate the decision transparently while acknowledging its impact, advocate for the organization to identify an alternative lactation space that meets legal requirements, connect affected staff with appropriate organizational channels for voicing concerns, and follow up on the resolution

27. A nurse manager is developing a communication protocol for managing family visitors who refuse to comply with infection prevention requirements such as hand hygiene, masking, or gowning. Currently, staff handle noncompliant visitors inconsistently, ranging from ignoring the behavior to confrontational enforcement. Which approach is MOST effective?

A. Post infection prevention requirements at the unit entrance and allow visitors to selfregulate compliance without staff enforcement

B. Assign the unit secretary to monitor visitor compliance at the unit entrance and redirect noncompliant visitors before they reach patient rooms

C. Develop a scripted communication approach for staff that explains infection prevention requirements with their rationale, uses motivational rather than punitive language, offers assistance with compliance, and establishes a clear escalation pathway for persistent noncompliance

D. Implement a strict enforcement policy that denies entry to any visitor who refuses to comply with infection prevention requirements without exception

28. A nurse manager is implementing a Schwartz Center Rounds program on the unit. Schwartz Rounds are interdisciplinary discussions focused on the emotional and social dimensions of patient care rather than clinical decisionmaking. Staff express confusion about how Schwartz Rounds differ from clinical case conferences. Which explanation is MOST accurate?

A. Schwartz Rounds are led by a psychologist and focus on diagnosing and treating staff mental health conditions resulting from workplace stress

B. Schwartz Rounds replace clinical case conferences and cover both emotional and clinical aspects of patient care in a single discussion format

C. Schwartz Rounds create a structured forum for interdisciplinary caregivers to openly discuss the emotional impact of caring for patients, focusing on relational and human dimensions of care rather than clinical problemsolving, with the goal of strengthening team resilience and empathy

D. Schwartz Rounds are mandatory debriefing sessions conducted after every patient death or adverse event to process the emotional impact

29. A nurse manager is working to improve the timeliness and quality of nursing documentation on the unit. An audit reveals that nurses routinely complete their documentation in batches at the end of the shift rather than documenting in real time during or immediately after patient interactions. Which intervention is MOST likely to shift documentation toward realtime practice?

A. Implement a policy requiring all documentation to be completed within thirty minutes of each patient interaction and audit compliance

B. Provide additional computers or mobile documentation devices to eliminate the technology access barrier that may be contributing to batched documentation

C. Require charge nurses to verify that documentation is completed in real time by auditing entries throughout the shift

D. Analyze the specific barriers to realtime documentation including technology access, documentation system design, workflow constraints, and competing priorities, then implement targeted solutions for the identified barriers and communicate the clinical and legal rationale for timely documentation

30. A nurse manager is applying the Swiss Cheese Model of accident causation to analyze a medication error that reached the patient. The model describes how multiple layers of defense, each with inherent weaknesses (holes), can align to allow an error to pass through all safeguards. Which analysis approach BEST applies this model?

A. Identify the individual nurse who committed the error and determine whether additional training would have prevented the mistake

B. Map each layer of defense that should have caught the error — prescribing verification, pharmacy review, nursing doublecheck, barcode scanning, and patient identification — and identify the specific weaknesses in each layer that aligned to allow the error to reach the patient

C. Focus the analysis on the final defense layer that failed since this represents the most proximal cause of the error reaching the patient

D. Compare the error to similar events at other hospitals to determine whether the organization's defense system is comparable to industry standards

31. A nurse manager is implementing a Healthcare Failure Mode and Effect Analysis for the unit's blood transfusion process. The HFMEA is a proactive risk assessment methodology that identifies potential failure modes before adverse events occur. Which step should the nurse manager complete FIRST?

A. Convene a multidisciplinary team that includes all disciplines involved in the blood transfusion process from ordering through administration

B. Identify all known adverse events related to blood transfusions on the unit in the past year and analyze their root causes

C. Map the blood transfusion process step by step from the initial order through posttransfusion monitoring, identifying all substeps and potential failure modes at each point

D. Assign severity and probability ratings to each identified failure mode and calculate the risk priority number for prioritization

32. A nurse manager reviews the following nursesensitive indicator data:

| Indicator | Unit Rate | Benchmark | Trend |

|||||

| Falls with injury | 1.2/1,000 PD | 1.0/1,000 PD | Stable |

| CAUTI | 2.1/1,000 CD | 1.5/1,000 CD | Worsening |

| CLABSI | 0.3/1,000 CLD | 0.8/1,000 CLD | Improving |

| Pressure injuries Stage 2+ | 0.8/1,000 PD | 1.0/1,000 PD | Improving |

The nurse manager needs to present this data to a group of new graduate nurses who are unfamiliar with quality metrics. Which interpretation framework is MOST helpful for the audience?

A. Present each indicator as a passorfail comparison to benchmark and focus the discussion on the two failing metrics

B. Explain that the unit is performing well overall since two of four indicators are better than benchmark

C. Focus exclusively on the CAUTI rate since it has the worst trajectory and is the indicator most in need of improvement attention

D. Explain each metric using accessible language, provide context for the benchmarks, highlight CLABSI and pressure injury improvements as evidence of what the team can achieve, identify CAUTI as the priority for focused improvement, and present falls with injury as an area requiring sustained attention to reach benchmark

33. A nurse manager is implementing Crew Resource Management principles adapted from aviation safety to improve team performance on the unit. Which CRM principle is MOST directly applicable to nursing team safety?

A. Situational awareness — maintaining a shared mental model of the patient's clinical status among all team members, actively monitoring for changes, and communicating observed changes to the entire team in real time

B. Standardization of all clinical procedures so that every team member performs tasks in exactly the same way regardless of the specific clinical situation

C. Hierarchybased decisionmaking where the most senior clinician makes all critical patient care decisions without team input

D. Task delegation where the team leader assigns specific roles to each member at the beginning of the shift and members focus exclusively on their assigned tasks

34. A nurse manager is evaluating the unit's compliance with the twopatientidentifier requirement for patient identification. An audit reveals ninetyseven percent compliance during medication administration but only sixtyeight percent compliance during specimen collection and transport. Which analysis is MOST appropriate?

A. The ninetyseven percent medication compliance demonstrates adequate staff knowledge, and the specimen compliance gap should be addressed with reeducation about the identification requirement

B. Both compliance rates should be investigated together since the root cause is likely a systemwide failure in patient identification culture

C. The specimen compliance rate is acceptable for lowrisk activities and should be prioritized lower than medication identification compliance

D. Investigate the specimen collection and transport workflow to identify specific process barriers that make twoidentifier verification more difficult during specimen handling than during medication administration, and implement targeted workflow solutions

35. A nurse manager is developing a response to a new regulatory requirement mandating that hospitals screen all patients for human trafficking using a validated screening tool. Nursing staff express discomfort with asking sensitive screening questions and uncertainty about how to respond to positive screens. Which implementation approach is MOST comprehensive?

A. Integrate the trafficking screening tool into the admission assessment workflow and require completion for all patients without additional staff training

B. Provide comprehensive education on human trafficking indicators and screening techniques, train staff on traumainformed approaches to sensitive questioning, develop a clear response protocol for positive screens including social work notification and resource activation, and practice scenarios through roleplay and simulation

C. Assign the trafficking screening exclusively to social workers since they have more experience with sensitive psychosocial assessments

D. Implement the screening tool on a voluntary basis and allow nurses to skip the questions if they feel uncomfortable asking them

36. A nurse manager is informed that the hospital has been selected for participation in the CMS Bundled Payments for Care Improvement Advanced program for total hip and knee replacement patients. Under this model, the hospital assumes financial risk for all costs of care from admission through ninety days postdischarge. Which implication for the unit is MOST significant?

A. The bundled payment will increase revenue for the unit since surgical patients typically generate higher reimbursement than medical patients

B. Nursing documentation must be enhanced to capture all billable services during the inpatient stay to maximize reimbursement within the bundle

C. The unit's staffing model must be adjusted to accommodate the expected increase in surgical patient volume that bundled payment contracts typically generate

D. The unit must focus on reducing complications, optimizing length of stay, and ensuring effective postdischarge care coordination since all costs within the ninetyday episode affect the financial outcome of the bundle

37. A nurse manager is developing a process for managing patients who are placed on onetoone observation for safety reasons such as suicide risk or fall prevention with injury. Current practice assigns the onetoone observer role to any available staff member without specific training or guidelines. Which improvement is MOST important?

A. Restrict onetoone observer assignments to registered nurses only since patient safety observation requires licensed clinical judgment

B. Develop standardized onetoone observer guidelines including defined observer qualifications, training requirements, documentation expectations, relief and break protocols, specific observation parameters, and intervention thresholds

C. Hire dedicated patient safety observers who are trained exclusively for the onetoone observation role and do not have other clinical duties

D. Implement video monitoring technology to replace onetoone observers for patients on safety observation

38. A nurse manager is evaluating the unit's compliance with the Joint Commission's medication management standard requiring that all medications brought from home by the patient be identified, documented, and managed according to organizational policy. Current practice is inconsistent — some nurses inventory home medications while others ask patients to keep them in their personal belongings. Which action is MOST appropriate?

A. Implement a policy requiring patients to send all home medications home with a family member upon admission to eliminate the risk of unapproved medication use

B. Allow patients to selfadminister their home medications during hospitalization as long as the medications are documented in the medical record

C. Standardize the process by requiring that all home medications be collected upon admission, identified and documented by nursing, stored securely per organizational policy, reconciled with the inpatient medication regimen, and returned to the patient or family at discharge

D. Assign the admitting pharmacist to collect and identify all home medications since pharmacists have the most expertise in medication identification

39. A nurse manager is developing a plan to reduce unnecessary diagnostic testing ordered during hospitalization. Data shows that twentythree percent of daily laboratory tests are duplicative or not clinically indicated based on chart review. The unit's average patient generates four laboratory draws per day compared to a benchmark of two. Which intervention is MOST appropriate at the nurse manager level?

A. Request that the laboratory refuse to process orders that appear duplicative without a documented clinical justification

B. Collaborate with the medical staff to implement a clinical decision support system that alerts physicians to potentially unnecessary orders based on frequency, patient stability, and evidencebased testing guidelines, and educate nurses to question orders that appear clinically unnecessary through appropriate channels

C. Restrict the number of laboratory draws per patient to two per day unless the physician provides written justification for additional testing

D. Present the testing data to the hospitalist group and request that they selfregulate their ordering practices based on evidencebased guidelines

40. A nurse manager is informed that the hospital will transition to a fully electronic consent process where patients sign consent forms on a tablet device rather than paper. Nursing staff are concerned about patients who cannot use tablet technology — elderly patients, patients with visual impairments, and patients with limited health literacy. Which response is MOST appropriate?

A. Request that the organization maintain paper consent forms as a permanent alternative for patients who cannot use tablet technology

B. Implement the electronic consent system for all patients since the technology is accessible and the previous paper system had its own limitations

C. Develop an inclusive implementation plan that provides accessible alternatives for patients who cannot use standard tablet technology, including largefont options, audio presentation of consent content, interpreter access for nonEnglish speakers, and a paper backup process for patients who cannot use any electronic format

D. Assign a patient advocate to assist every patient who has difficulty with the electronic consent process

41. A nurse manager is responsible for a unit that has been cited by the state health department for a deficiency related to patient rights — specifically, the failure to post patient rights information in a language accessible to the patient population served. The unit serves a population where forty percent of patients speak Spanish as their primary language, but patient rights materials are available only in English. Which corrective action is MOST appropriate?

A. Obtain professionally translated patient rights materials in Spanish and all other languages representing more than five percent of the unit's patient population, post them prominently, train staff on ensuring patient access to rights information in their preferred language, and develop a process for requesting translations in additional languages as needed

B. Assign bilingual staff members to verbally explain patient rights to Spanishspeaking patients upon admission

C. Purchase a translation software subscription and use it to translate the patient rights document into Spanish for posting on the unit

D. Request that the hospital's language services department translate the patient rights document and post it within the timeframe specified by the state's corrective action plan

42. A nurse manager is developing an evidencebased clinical pathway for patients admitted with communityacquired pneumonia. The pathway must standardize care from admission through discharge. Which element is MOST critical for ensuring the pathway is followed consistently?

A. Gain endorsement from the chief medical officer before implementing the pathway so that physicians feel compelled to follow it

B. Develop the pathway in collaboration with a research team and submit it for peer review publication before implementation

C. Embed the pathway into the electronic health record's order set system so that it becomes the default workflow for pneumonia admissions, with variation requiring active deviation and documentation of the clinical rationale

D. Present the pathway at a medical staff meeting and request voluntary compliance from all physicians who treat pneumonia patients

43. A nurse manager is evaluating the unit's performance on a statemandated public reporting measure for timely antibiotic administration in sepsis. Data shows that compliance with the threehour antibiotic target is eightytwo percent. Further analysis reveals that compliance drops to fiftyfive percent during night shifts and weekends. Which factor is MOST likely contributing to the offhours compliance gap?

A. Night shift and weekend nurses may have less experience recognizing sepsis presentations than day shift nurses

B. Physician response time to nursing notifications may be slower during offhours, creating delays in antibiotic ordering

C. Reduced pharmacy staffing during offhours may create delays in antibiotic preparation and delivery to the unit, combined with potentially slower physician response times and less experienced nursing staff

D. Night shift patients may present with atypical sepsis symptoms that are more difficult to recognize

44. A nurse manager is developing a plan to address the unit's high rate of patient elopement. In the past year, seven patients eloped from the unit, including two patients with altered mental status who were found in unsafe locations outside the hospital. Which risk reduction strategy is MOST comprehensive?

A. Implement a multifaceted elopement prevention program including risk assessment at admission and shift change, individualized monitoring plans, environmental controls such as secured exits and wandermanagement technology, staff education on elopement risk factors, and a rapid response protocol for when elopement occurs

B. Install locked doors on all unit exits and require staff badge access for entry and exit to prevent unauthorized patient departure

C. Assign onetoone observers to all patients identified as elopement risks during admission risk screening

D. Place all patients identified as elopement risks in rooms closest to the nursing station for increased visual monitoring

45. A nurse manager is implementing a standardized process for managing "boarded" patients — admitted patients who remain in the emergency department waiting for an inpatient bed. The inpatient

unit has been asked to assume clinical responsibility for boarded patients while they remain physically in the ED. Which concern is MOST significant?

A. The additional patient assignment will increase the nursetopatient ratio on the inpatient unit and may compromise care for patients already on the floor

B. The splitlocation care model creates clinical handoff risks, communication gaps between ED and inpatient nursing staff, delayed interventions when the responsible nurse is on a different floor, and potential gaps in accountability for patient monitoring

C. ED nurses may resist releasing care responsibility for patients who are physically in their department

D. The financial impact of the splitlocation model may not justify the operational complexity since boarded patients do not generate additional revenue for the inpatient unit

46. A nurse manager is developing a quality improvement project to reduce medication errors during highrisk transitions such as postanesthesia care unit to inpatient unit transfer. Data shows that twentyeight percent of postoperative medication errors occur within the first four hours after PACU transfer. Which intervention is MOST targeted?

A. Require PACU nurses to call the receiving unit nurse to verbally report all active medication infusions before transferring the patient

B. Implement a standardized postoperative medication reconciliation process at the point of transfer from PACU to the inpatient unit

C. Develop a structured PACUtoinpatient transfer medication reconciliation that includes current infusions, scheduled medications administered in PACU, newly ordered medications, discontinued preoperative medications, and anticipated nextdue medications, with bedside verification by both the transferring and receiving nurses

D. Assign the inpatient pharmacist to review all postoperative medication orders within two hours of PACU transfer to catch potential errors

47. A nurse manager is reviewing the unit's hand hygiene compliance data, which has plateaued at eightyeight percent for six consecutive months despite multiple interventions. The national target is ninetyfive percent. Which analysis is MOST likely to identify the path to higher compliance?

A. Increase the frequency and visibility of hand hygiene auditing from monthly to weekly to create more consistent accountability

B. Investigate the specific situations, locations, and conditions where the twelve percent noncompliance occurs — such as specific workflow moments, highworkload periods, or particular clinical activities — and design targeted interventions for those specific scenarios rather than continuing broadbased education

C. Implement an electronic hand hygiene monitoring system that automatically tracks compliance through badgesensor technology

D. Establish a financial incentive program that rewards units achieving ninetyfive percent compliance with a quarterly bonus

48. A nurse manager is implementing a new evidencebased protocol for early mobilization of patients on mechanical ventilation. The protocol requires collaboration between nursing, respiratory therapy, and physical therapy. During the first month, compliance is low because the three disciplines cannot coordinate their schedules to mobilize patients together. Which process improvement is MOST effective?

A. Assign the responsibility for initiating mobilization to nursing alone so that coordination with other disciplines is not required

B. Implement a daily ICU mobility huddle where nursing, respiratory therapy, and physical therapy identify eligible patients and schedule mobilization times for each shift

C. Develop a standing daily mobility time for all mechanically ventilated patients and require all three disciplines to be available during that designated window

D. Reduce the protocol requirements so that any single discipline can initiate and complete early mobilization without requiring the other two disciplines to be present

49. A nurse manager is evaluating the unit's readiness to implement a Rapid Cycle Deliberate Practice simulation program for highrisk, lowvolume clinical skills. The methodology involves brief, focused simulation repetitions with immediate expert feedback until mastery is achieved. Which advantage does this methodology offer over traditional annual skills fairs?

A. Rapid cycle deliberate practice is less expensive than traditional skills fairs because it requires fewer simulation resources and less staff time

B. Rapid cycle deliberate practice allows more staff to be trained in a shorter period because the sessions are brief and focused

C. Rapid cycle deliberate practice requires less planning and logistical coordination than traditional skills fairs

D. Rapid cycle deliberate practice produces deeper skill acquisition through focused repetition with immediate corrective feedback, addressing specific performance gaps in real time rather than providing a onetime annual exposure that research shows does not reliably maintain competency

50. A nurse manager is developing a plan to ensure the unit meets the Joint Commission's requirement for a postprocedure verification process as part of the Universal Protocol for preventing wrong site, wrong procedure, wrong person surgery. The unit performs bedside procedures including central line insertions, chest tube placements, and lumbar punctures. Which element of the verification process is MOST critical?

A. A preprocedure briefing conducted by the physician performing the procedure that includes team members' names and roles

B. Completion of a written informed consent form signed by the patient before any bedside invasive procedure

C. An active final verification immediately before the procedure begins that includes the correct patient identification, correct procedure confirmation, correct site marking visible and verified, and verbal confirmation from all team members

D. Documentation in the electronic health record confirming that the Universal Protocol was completed before the procedure began

51. A nurse manager is applying A3 thinking, a structured problemsolving methodology from Lean management, to address a chronic patient flow bottleneck. The A3 process uses a singlepage report format that guides the problemsolver through background, current condition, root cause analysis, target condition, countermeasures, implementation plan, and followup. Which principle of A3 thinking is MOST fundamental?

A. The A3 report must be completed by the nurse manager alone since the singlepage format is designed for individual accountability

B. The A3 methodology emphasizes speed of implementation over depth of analysis to enable rapid problem resolution

C. The A3 process requires the problemsolver to deeply understand the actual current condition through direct observation at the point of work before proposing countermeasures, ensuring that solutions address verified root causes rather than assumptions

D. The A3 report format is primarily a documentation tool that creates a permanent record of the problemsolving process for organizational archives

52. A nurse manager is implementing 5S methodology on the unit to organize the medication room. The five S's are Sort, Set in Order, Shine, Standardize, and Sustain. The nurse manager has completed Sort (removing unnecessary items) and Set in Order (organizing remaining items logically). Which step is MOST critical for longterm success?

A. Shine — implementing a daily cleaning protocol for the medication room to maintain the organized environment

B. Sustain — developing visual management tools, standard work expectations, regular audits, and staff accountability mechanisms that prevent the medication room from reverting to its previous disorganized state

C. Standardize — creating a visual standard for how the medication room should look so all staff can identify when the organization has deviated from the intended state

D. Returning to Sort to conduct a second round of item removal since the first round typically does not remove enough unnecessary items

53. A nurse manager is implementing Gemba walks as a leadership practice. Gemba is a Lean concept meaning "the actual place" where work is done. Which practice BEST represents an effective Gemba walk?

A. Walking through the unit once weekly to inspect for safety hazards, cleanliness, and compliance with posted protocols

B. Going to the clinical workspace regularly to observe actual workflows, ask questions to understand challenges, listen to frontline staff, identify waste and improvement opportunities, and model leadership presence without directing or auditing

C. Conducting formal staff evaluations during unit walkthroughs to observe clinical competency in the natural work environment

D. Touring the unit with senior leadership visitors to showcase the unit's clinical programs and quality achievements

54. A nurse manager is developing a standard work document for the charge nurse role. Standard work in Lean methodology defines the repeatable sequence of tasks that should occur during a standard work cycle. Which approach to developing charge nurse standard work is MOST effective?

A. Observe multiple charge nurses performing the role, identify the most effective practices, document the optimal task sequence including what should happen at each time interval during the shift, pilot the standard work with charge nurse input, and refine based on feedback

B. Review the charge nurse job description and convert each listed responsibility into a sequential task list organized by shift hour

C. Ask the most experienced charge nurse to document her daily workflow and adopt that as the standard for all charge nurses

D. Adopt a charge nurse standard work template from a Lean healthcare publication and implement it without modification

55. A nurse manager is evaluating the unit's microsystem. Clinical microsystems are the smallest replicable units in healthcare that deliver care to patients — typically a unitlevel team including clinicians, patients, support staff, and the processes and technology they use. Which assessment approach MOST comprehensively evaluates the microsystem?

A. Analyze the unit's quality outcomes and financial performance data as indicators of overall microsystem health

B. Evaluate the unit's compliance with organizational policies and regulatory requirements as a measure of microsystem function

C. Assess the microsystem across the 5 P's framework — Purpose, Patients, Professionals, Processes, and Patterns — examining the unit's mission, the population it serves, the competency and engagement of its team, the effectiveness of its care processes, and the data patterns that reveal its performance

D. Survey patients and staff about their satisfaction with the unit as a proxy for microsystem effectiveness

56. A nurse manager is implementing a Kaizen event to rapidly improve the patient discharge process. A Kaizen event is a focused, timelimited improvement workshop that brings together a crossfunctional team to analyze and redesign a process within a compressed timeframe, typically three to five days. Which element is MOST critical for Kaizen event success?

A. Selecting participants who have the most clinical expertise in the discharge process

B. Conducting extensive prework data collection for at least six months before the Kaizen event begins

C. Obtaining executive sponsorship that empowers the team to implement changes during the event rather than submitting recommendations for future approval

D. Including representation from every department that touches the discharge process, empowering the team to implement changes during the event, providing dedicated time free from clinical responsibilities, and following up to sustain improvements

57. A nurse manager is applying the concept of "pokayoke" (errorproofing) from Lean manufacturing to reduce medication errors. Pokayoke designs the system so that errors are either impossible to make or immediately detected before reaching the patient. Which intervention BEST exemplifies pokayoke?

A. Implementing mandatory doublechecks for all highalert medications before administration

B. Requiring nurses to attend quarterly medication safety education sessions to reinforce proper administration techniques

C. Designing medication storage bins that are physically shaped to accept only the correct medication size and packaging, making it impossible to stock the wrong medication in the wrong location

D. Posting medication safety reminders at every medication preparation station to prompt nurses to verify the five rights

58. A nurse manager reviews the following employee engagement data over three years:

| Year | Overall Engagement | Intent to Stay | Manager Effectiveness |

|||||

| Year 1 | 62% | 71% | 78% |

| Year 2 | 65% | 68% | 82% |

| Year 3 | 63% | 59% | 85% |

Which interpretation is MOST concerning?

A. The overall engagement stagnation between sixtytwo and sixtyfive percent indicates a fundamental ceiling that cannot be exceeded without organizationallevel interventions

B. The manager effectiveness improvement is meaningless because it has not translated into engagement improvement

C. The declining overall engagement from Year 2 to Year 3 indicates that the nurse manager's leadership is deteriorating

D. The intenttostay score has declined twelve percentage points over three years despite improving manager effectiveness, suggesting that factors outside the nurse manager's control — such as compensation, organizational culture, or external market conditions — are driving retention risk that unitlevel management alone cannot address

59. A nurse manager is responsible for developing a nursing peer review committee for the unit. Peer review is a systematic process by which nurses evaluate the quality of clinical practice of their peers against established standards. Which structural element is MOST important for the committee's credibility?

A. The peer review committee should include representatives from administration and management to ensure organizational oversight

B. Committee members should be publicly identified so nurses know who reviewed their practice and can engage in direct dialogue

C. The committee should focus primarily on identifying nurses whose practice falls below standards so corrective action can be initiated

D. The committee must operate with clearly defined policies for case selection, review criteria based on established standards, confidentiality protections, due process for reviewed nurses, separation from employment actions, and focus on practice improvement rather than punishment

60. A nurse manager is developing an academicpractice partnership with a local university nursing program. The partnership will involve nursing students rotating through the unit for clinical education. Which element of the partnership is MOST important for mutual benefit?

A. A structured agreement defining mutual expectations, student learning outcomes, preceptor development and support, communication processes, evaluation criteria, liability arrangements, and opportunities for faculty practice and joint research that benefit both the academic program and the clinical unit

B. A financial arrangement where the university compensates the hospital for the clinical placement sites and preceptor time

C. A requirement that the university place only its highestperforming students on the unit to minimize the burden on clinical staff

D. An agreement that gives the hospital priority hiring access to graduating students from the nursing program

61. A nurse manager is evaluating the impact of implementing a nurse residency program that meets the Commission on Collegiate Nursing Education accreditation standards. The program has been in place for two years. Which outcome metric provides the STRONGEST evidence of program effectiveness?

A. The percentage of nurse residents who report satisfaction with the residency program experience

B. The number of evidencebased practice projects completed by nurse residents during the program

C. The nurse residency completion rate compared to the national average for CCNEaccredited programs

D. The firstyear turnover rate of nurse residents compared to the preprogram new graduate turnover rate, combined with competency progression data and comparison of nursesensitive quality indicators on units staffed by residencytrained versus nonresidencytrained new graduates

62. A nurse manager is implementing the concept of "value stream mapping" to identify waste in the patient admission process. Value stream mapping is a Lean tool that visually maps every step in a process, distinguishing between valueadded activities (those the patient would consider worth paying for) and nonvalueadded activities (waste). Which finding would represent the MOST significant waste?

A. The admission assessment takes fortyfive minutes, which is longer than the benchmark of thirty minutes

B. Patients wait an average of ninety minutes between the bed assignment decision and their actual arrival on the unit, during which no clinical or administrative activities are occurring — representing pure waiting waste

C. Three different staff members ask the patient the same medical history questions during the admission process

D. The admission paperwork requires the patient to sign seven separate forms

63. A nurse manager is leading a unit that consistently resists change. Over the past two years, three major initiatives have been launched and abandoned after staff resistance prevented successful implementation. The nurse manager suspects the team has developed "change resistance as a default culture." Which leadership strategy is MOST likely to break this pattern?

A. Implement the next change initiative using a topdown directive approach with clear consequences for noncompliance to demonstrate that resistance will not derail future initiatives

B. Pause all change initiatives for six months to allow the team to recover from change fatigue before introducing any new improvements

C. Survey the staff to identify which types of changes they would be willing to accept and limit future initiatives to those categories

D. Select a small, visible improvement that staff have identified as needed, implement it quickly with full staff involvement, demonstrate tangible positive results, and use the success experience to gradually rebuild the team's belief that change can produce real benefits

64. A nurse manager is applying the concept of "servant leadership" to daily practice. Robert Greenleaf's servant leadership theory prioritizes the growth and wellbeing of people and communities, with the leader's primary motivation being to serve others rather than to exercise power. Which daily behavior MOST exemplifies servant leadership?

A. Consistently removing barriers that prevent staff from doing their best work, developing each team member's potential, sharing power and decisionmaking, and measuring success by whether the people served become healthier, wiser, freer, and more likely to become servant leaders themselves

B. Attending to every staff request immediately and prioritizing staff comfort over organizational requirements

C. Delegating all leadership decisions to the team and assuming a purely supportive role without directive leadership

D. Focusing exclusively on the professional development of the lowestperforming staff members to bring them up to the team's standard

65. A nurse manager is applying the Baldrige Performance Excellence Framework to evaluate the unit's overall performance. The Baldrige framework assesses organizations across seven categories: Leadership, Strategy, Customers, Measurement, Workforce, Operations, and Results. Which assessment finding MOST strongly predicts longterm sustainable performance?

A. The Results category shows strong current performance on quality and financial metrics

B. The Customers category shows high patient satisfaction scores on the most recent survey

C. The Measurement category shows that the unit has a comprehensive data collection system that tracks all required quality metrics

D. The Leadership category demonstrates that leadership practices create a clear vision, values, and direction that are deployed throughout the unit and systematically evaluated and improved, because strong leadership enables excellence in all other categories

66. A nurse manager is developing a plan to implement a clinical nurse specialist role on the unit. The CNS has three spheres of influence: patient/client, nurses/nursing practice, and organization/system. Which expected outcome MOST clearly spans all three spheres?

A. The CNS develops individualized care plans for the most complex patients on the unit, reducing complications and length of stay

B. The CNS implements an evidencebased pressure injury prevention program that improves individual patient outcomes, elevates nursing assessment and prevention skills across the unit, and produces systemlevel quality metric improvements that benefit the organization

C. The CNS leads a unitbased research study that contributes to nursing science and enhances the unit's academic reputation

D. The CNS serves as a preceptor for new graduate nurses during their orientation period, improving transitiontopractice outcomes

67. A nurse manager is leading a strategic planning process for the unit. The SWOT analysis reveals the following:

Strengths: Experienced staff, strong quality outcomes, high patient satisfaction

Weaknesses: High turnover among newer nurses, limited career advancement opportunities

Opportunities: New service line expansion, academic partnership potential

Threats: Competing hospital opening nearby, potential reimbursement cuts

Which strategic priority MOST effectively leverages a strength to address a threat?

A. Develop a marketing campaign highlighting the unit's quality outcomes and patient satisfaction to differentiate from the competing hospital

B. Invest in career advancement pathways to address the weakness of limited advancement before the competing hospital recruits newer nurses

C. Pursue the academic partnership to strengthen the unit's clinical reputation and create a pipeline advantage over the competitor

D. Leverage the experienced staff strength by deploying them as ambassadors for the new service line expansion, creating a differentiation advantage that the competing hospital cannot immediately replicate

while simultaneously providing career development opportunities that address the advancement weakness

68. A nurse manager is evaluating the effectiveness of a simulationbased orientation program that replaced the traditional classroompluspreceptorship model. The simulation program includes standardized patient scenarios, highfidelity simulation, and virtual reality clinical experiences. Which evaluation approach provides the MOST meaningful data?

A. Compare the new graduate nurses' selfreported confidence levels at the end of simulationbased orientation versus the traditional model

B. Compare clinical performance metrics including time to independent practice, critical thinking assessments, patient safety events, and patient outcomes for nurses who completed the simulationbased program versus the traditional program, controlling for confounding variables

C. Evaluate whether the simulationbased program costs less per orientee than the traditional program

D. Survey preceptors about whether new graduates who completed the simulation program are better prepared than those who completed the traditional program

69. A nurse manager is addressing a situation where the unit's shared governance council has become a forum for complaints rather than a vehicle for practice decisions. Council meetings are dominated by grievance discussions, and no practice changes have been implemented in six months. Which intervention is MOST effective?

A. Disband the council and replace it with a leadershipdirected practice committee until staff demonstrate readiness for governance responsibility

B. Redirect the council by reestablishing its charter and decisionmaking scope, implementing a structured agenda that allocates specific time for concerns while prioritizing practice decisions, providing facilitation training for the council chair, assigning specific practice questions with defined deliverables and deadlines, and routing grievances to the appropriate organizational channels

C. Allow the council to continue using the meetings for complaint resolution since staff clearly need this outlet and it serves an important function

D. Require the council chair to screen all agenda items and exclude complaintrelated topics from the meeting discussion

70. A nurse manager is applying the concept of "psychological capital" to improve unit performance. Psychological capital comprises four evidencebased capacities: selfefficacy, optimism, hope, and resilience. Which leadership intervention MOST effectively develops all four components simultaneously?

A. Provide staff with positive affirmations and motivational quotes to boost optimism and hope

B. Send staff to a resilience training workshop to develop coping skills for workplace stress

C. Implement a recognition program that rewards highperforming nurses to build selfefficacy through external validation

D. Create opportunities for staff to successfully master progressively challenging clinical situations, model optimistic reframing of setbacks, facilitate meaningful goalsetting with pathways to achievement, and support recovery from adversity through structured debriefing and peer support

71. A nurse manager is developing a strategy to manage the unit during a prolonged period of organizational instability — leadership turnover at the executive level, pending merger negotiations, and budget uncertainty. Staff are anxious, and productivity has declined. Which leadership approach is MOST effective during sustained organizational turbulence?

A. Maintain an optimistic outlook and minimize discussion of organizational uncertainty to prevent staff anxiety from worsening

B. Focus exclusively on the unit's internal operations and shield staff from organizationallevel concerns that are outside the manager's control

C. Provide frequent transparent updates about organizational changes, advocate for staff interests through appropriate channels, and maintain the unit's quality standards

D. Maintain visible, consistent leadership presence, provide transparent communication about what is known and unknown, protect the team's core work from disruption, advocate for staff through organizational channels, create stability through predictable routines and reliable leadership behaviors, and demonstrate that the unit's mission continues regardless of organizational turbulence

72. A nurse manager is evaluating whether to implement a decentralized staffing model where individual units manage their own staffing decisions, or a centralized model where a staffing office coordinates all unit staffing. Which factor is MOST important in this decision?

A. Whether the nurse manager has sufficient time to manage staffing decisions in addition to other leadership responsibilities

B. Whether the organization's staffing software supports a decentralized decisionmaking model

C. Which model produces the best balance between staffing efficiency across the organization, unitlevel clinical judgment about acuity and patient needs, staff satisfaction with the scheduling process, and ability to respond to rapid changes in census and acuity

D. Whether the nurse managers at other units prefer centralized or decentralized staffing so a consistent approach can be implemented organizationwide

73. A nurse manager is developing a comprehensive strategy to address nurse moral distress on the unit. Research indicates that moral distress occurs when nurses know the ethically correct action but feel constrained from taking it by institutional, hierarchical, or resource barriers. Which intervention addresses the ROOT cause of moral distress?

A. Provide individual counseling and stress management resources for nurses experiencing moral distress symptoms

B. Implement regular debriefing sessions where nurses can process morally distressing experiences after they occur

C. Train nurses in ethical decisionmaking frameworks to help them navigate morally challenging clinical situations

D. Identify and systematically remove the institutional, hierarchical, and resource barriers that prevent nurses from acting on their ethical knowledge, while simultaneously building communication channels that empower nurses to advocate for ethically appropriate care

74. A nurse manager is applying the concept of "highvalue care" to unit operations. Highvalue care maximizes clinical benefit while minimizing unnecessary costs and patient burden. Which initiative MOST directly promotes highvalue care?

A. Implement a costreduction initiative focused on reducing supply utilization and eliminating waste in the medication administration process

B. Focus on improving patient satisfaction scores since satisfied patients perceive higher value in the care they receive

C. Implement a multidisciplinary review of commonly ordered diagnostics, treatments, and interventions to identify those with low clinical benefit relative to their cost and patient burden, and develop evidencebased protocols that guide clinicians toward highervalue alternatives

D. Reduce length of stay to the organizational target for all patients regardless of individual clinical complexity

75. A nurse manager is developing a transition plan for a highperforming charge nurse who has been promoted to nurse manager of a different unit. The departing charge nurse has been carrying significant informal institutional knowledge that is not documented anywhere. Which knowledge transfer strategy is MOST effective?

A. Conduct a series of structured knowledge transfer sessions where the departing charge nurse identifies and documents critical operational knowledge, clinical protocols unique to the unit, key relationships, unwritten processes, and institutional history, with the successor participating in the sessions and validated through independent demonstration

B. Ask the departing charge nurse to write a comprehensive procedures manual before leaving the unit

C. Have the departing charge nurse train the successor through a twoweek overlap period where both work the same shifts

D. Accept that some institutional knowledge will be lost during the transition and plan for the successor to develop their own approach

76. A nurse manager is evaluating whether to implement a Magnetaligned nursing professional development model on the unit. The model includes a clinical ladder with four levels based on certification, education, evidencebased practice contributions, and leadership activities. Current staff participation in professional development beyond mandatory requirements is twelve percent. Which implementation strategy is MOST likely to increase participation?

A. Make clinical ladder advancement mandatory for all nurses with more than three years of experience

B. Implement the clinical ladder with financial incentives for advancement and allow natural adoption over time

C. Design the clinical ladder with meaningful incentives that include financial recognition, schedule flexibility, and professional autonomy, provide accessible pathways for advancement that accommodate diverse career interests, integrate clinical ladder activities into existing workflows rather than requiring additional time commitments, and communicate how advancement benefits both the individual nurse and the unit

D. Begin by requiring all nurses to obtain specialty certification within two years as the first step toward a culture of professional development

77. A nurse manager is implementing an Andon system concept on the unit. In Lean manufacturing, Andon is a visual signaling system that allows any worker to stop production when a problem is identified so it can be resolved immediately rather than passed downstream. Which nursing adaptation BEST represents the Andon concept?

A. A policy requiring nurses to stop and verify all medication orders before administration using the five rights check

B. A visual signal system such as a light or electronic notification that any team member can activate when a patient safety concern is identified, triggering an immediate response from the charge nurse or resource nurse to address the concern before care continues

C. A quality dashboard posted in the break room that displays realtime unit performance metrics to keep staff informed of quality status

D. A patient call light system that alerts nurses to patient needs through escalating visual and auditory signals

78. A nurse manager is developing a strategy for the Magnet Recognition Program's "Transformational Leadership" component. Which evidence MOST strongly demonstrates transformational leadership at the unit level?

A. The nurse manager's curriculum vitae showing advanced education, certifications, and professional organization membership

B. Minutes from leadership meetings showing that the nurse manager participates actively in organizational committees

C. Staff surveys indicating that the nurse manager is wellliked and maintains positive interpersonal relationships with the team

D. Documented examples of the nurse manager creating a compelling vision, inspiring staff to pursue excellence beyond expectations, developing individual team members' leadership capacity, and challenging conventional practices through innovative solutions that have produced measurable improvements

79. A nurse manager is evaluating the unit's care delivery model options. The unit currently uses a total patient care model where each RN is responsible for all aspects of care for assigned patients. Increasing patient acuity and complexity are creating situations where individual nurses cannot manage all aspects of care for highacuity assignments. Which analysis should guide the care delivery model decision?

A. Evaluate whether a team nursing model, where an RN leads a team including LPNs and CNAs, would better distribute the workload while maintaining RN oversight of complex patient care needs, considering the impact on outcomes, staff satisfaction, communication, and continuity

B. Maintain the total patient care model and reduce the nursetopatient ratio to accommodate the increased acuity and complexity

C. Transition to primary nursing where each patient has an assigned primary nurse who plans care across the entire hospitalization

D. Implement a functional nursing model where tasks are distributed by function to maximize efficiency during highacuity periods

80. A nurse manager is navigating a situation where a nurse has been identified as being enrolled in a state alternativetodiscipline program for nurses with substance use disorders. The nurse's participation in the program requires quarterly drug testing, practice limitations that prohibit access to controlled substances, and periodic reports from the nurse manager on the nurse's work performance. Which responsibility is MOST important for the nurse manager?

A. Inform the nurse's coworkers about the practice limitations so they understand why the nurse cannot administer controlled substances

B. Request a transfer for the nurse to a unit where controlled substances are not frequently administered so the practice limitations are less conspicuous

C. Comply with all monitoring program requirements including completing performance reports honestly and accurately, maintaining the confidentiality of the nurse's program participation, ensuring the practice limitations are operationally feasible, and supporting the nurse's recovery while protecting patient safety

D. Advocate for the nurse's removal from the monitoring program since there is no current evidence of impairment

81. A nurse manager is evaluating the unit's approach to professional portfolio development. Currently, no nurses on the unit maintain a professional portfolio. The nurse manager wants to encourage portfolio development as a component of professional growth. Which approach is MOST likely to produce adoption?

A. Mandate that all nurses develop and maintain a professional portfolio and include portfolio review as part of the annual performance evaluation

B. Offer a financial incentive for nurses who develop and maintain a professional portfolio

C. Provide annual portfolio development workshops and allow interested nurses to participate voluntarily

D. Integrate portfolio development into existing professional development activities, provide templates and examples, connect portfolio elements to clinical ladder advancement and career planning, offer mentoring for portfolio creation, and showcase exemplary portfolios as models

82. A nurse manager is addressing a situation where a nurse has been providing health advice to coworkers, including recommending specific medications, suggesting diagnoses based on described symptoms, and advising colleagues not to see their physicians because their conditions are "nothing serious." Which concern is MOST significant?

A. The nurse may be practicing medicine without a license by providing diagnostic advice to coworkers

B. The nurse's advice could cause harm if a coworker delays seeking professional medical evaluation based on the nurse's reassurance

C. The nurse's behavior may constitute practicing outside the nursing scope of practice by diagnosing conditions and recommending specific treatments for individuals with whom she has no nursepatient relationship

D. The nurse's behavior could create liability for the organization if a coworker is harmed by following the nurse's medical advice on hospital premises

83. A nurse manager is developing guidelines for staff use of wearable health monitoring devices such as fitness trackers and smartwatches during patient care activities. Several nurses wear devices that vibrate with notifications, display personal messages, and track biometric data throughout their shifts. Which guideline is MOST appropriate?

A. Prohibit all wearable devices during patient care since they create infection control risks and potential distractions

B. Develop guidelines that address infection control requirements for wearable devices, expectations for managing notifications during patient care, privacy considerations regarding patient information that may be visible on device screens, and the distinction between devices that support clinical work and those that create distraction

C. Allow unrestricted use of wearable devices since they are personal property and do not interfere with patient care

D. Require nurses to remove wearable devices only during sterile procedures and allow unrestricted use during routine patient care

84. A nurse manager is responsible for a unit where a nurse has reported that a coworker smells of alcohol at the beginning of a shift. The reported nurse denies consuming alcohol and states she used an alcoholbased mouthwash that morning. She exhibits no other signs of impairment and offers to take a breathalyzer test. Which action is MOST appropriate?

A. Accept the mouthwash explanation and allow the nurse to continue working since she offered to take a breathalyzer and exhibits no impairment signs

B. Counsel the nurse about choosing nonalcohol mouthwash products before work shifts and document the conversation

C. Follow the organization's reasonable suspicion policy, which typically requires assessment by a trained evaluator, potential testing through the employee health or occupational health process, and documentation of all observations and actions taken

D. Send the nurse home for the remainder of the shift without pay pending investigation of the alcohol complaint

85. A nurse manager is developing an approach to supporting nurses who are involved in endoflife ethical dilemmas. A nurse reports feeling morally conflicted about continuing aggressive resuscitation efforts for a patient she believes is suffering without benefit. The patient's family insists on full code status. Which response is MOST supportive of the nurse's professional wellbeing?

A. Validate the nurse's moral concern, facilitate a conversation between the nurse and the attending physician about the treatment plan, recommend a palliative care or ethics consultation if the conflict continues, offer emotional support resources, and discuss the option of reassignment if the moral distress becomes unsustainable

B. Explain to the nurse that full code status is a patient/family decision and the nurse's role is to carry out the medical orders

C. Remove the nurse from the patient assignment immediately since moral distress compromises the nurse's ability to provide objective care

D. Encourage the nurse to participate in the family discussion about code status so she can advocate for a change in the plan of care

86. A nurse manager is implementing a professional practice environment survey on the unit to measure the conditions that support or hinder professional nursing practice. Which dimension of the professional practice environment is MOST predictive of both nurse satisfaction and patient outcomes?

A. Salary competitiveness compared to regional market rates for nursing positions

B. Nurse participation in hospital affairs and the ability to influence organizational decisions that affect nursing practice

C. Scheduling flexibility and the ability to manage worklife balance through selfscheduling options

D. Physical work environment quality including equipment availability, supply adequacy, and workspace design

87. A nurse manager discovers that a nurse has been falsifying patient assessment documentation by copying previous shift assessments and changing the time stamps rather than performing new assessments. The nurse has been doing this for at least two months based on documentation analysis. Which action should the nurse manager take FIRST?

A. Confront the nurse immediately with the evidence and demand an explanation for the falsified documentation

B. Notify the state board of nursing about the documentation falsification since it represents a practice violation

C. Remove the nurse from patient care immediately, secure and preserve the documentation evidence, report to nursing leadership and human resources, initiate an investigation per organizational policy, and evaluate whether the documentation gaps created patient safety risks that require clinical followup

D. Review all of the nurse's patient outcomes over the twomonth period to determine whether any patients were harmed by the missed assessments before deciding on a course of action

88. A nurse manager is developing guidelines for managing staff who request time off for mental health reasons. Several nurses have requested "mental health days" using sick time, and the nurse manager is unsure whether mental health reasons qualify for sick time under organizational policy. Which approach is MOST appropriate?

A. Approve all mental health day requests without question since mental health is as valid a reason for sick time as physical illness

B. Require nurses to provide documentation from a mental health provider for every mental health sick day to verify the legitimacy of the request

C. Review the organization's sick leave policy to determine whether mental health qualifies, consult with human resources for guidance, apply the policy consistently and equitably, and foster a unit culture where seeking help for mental health needs is normalized and supported

D. Redirect nurses requesting mental health days to use personal time off or vacation days rather than sick time

89. A nurse manager is evaluating the unit's approach to nursing research utilization. Currently, clinical decisions are based primarily on tradition and individual experience rather than current research evidence. Which strategy MOST effectively moves the unit toward evidencebased practice?

A. Hire a doctorally prepared nurse researcher for the unit who can review current literature and translate research findings into practice recommendations

B. Require all nurses to subscribe to nursing research journals and read at least one article per month related to the unit's patient population

C. Send selected nurses to an evidencebased practice conference and ask them to share what they learned with the team upon return

D. Establish an EBP mentoring program, create a structured process for identifying clinical questions, teach staff to access and critically appraise research, support smallscale evidence implementation projects, and celebrate outcomes to build an EBP culture

90. A nurse manager is addressing a complex situation where a nurse has been providing excellent patient care for fifteen years but refuses to adopt new electronic documentation practices. The nurse continues to document on paper and has a colleague enter her notes into the electronic system. This workaround has been tolerated because the nurse's clinical outcomes are exceptional. Which response is MOST appropriate?

A. Address the documentation practice as a performance expectation that applies to all nurses regardless of clinical excellence, provide individualized technology support and training, establish a reasonable timeline for transition with measurable milestones, and make clear that the current workaround is not a sustainable option

B. Allow the workaround to continue since the nurse's clinical outcomes demonstrate that documentation format does not affect patient care quality

C. Offer the nurse early retirement since her inability to adapt to technology suggests she should transition out of clinical practice

D. Transfer the nurse's documentation responsibility permanently to a designated scribe who enters all of her clinical notes into the electronic system

91. A nurse manager is developing a plan to address the unit's approach to nursing grand rounds. Currently, grand rounds focus exclusively on physicianled clinical case presentations. The nurse manager wants to develop nursingspecific grand rounds that highlight nursing's unique contributions to patient outcomes. Which format is MOST effective?

A. Replicate the medical grand rounds format but substitute nursing presenters discussing nursingfocused clinical cases

B. Develop an interdisciplinary grand rounds format where nursing presents the nursing care perspective alongside the medical perspective for complex patient cases, highlighting how nursing assessment, intervention, and coordination contributed to patient outcomes

C. Create a separate nursing grand rounds series focused exclusively on nursing practice issues and invite only nursing staff to attend

D. Integrate nursing presentations into the existing medical grand rounds schedule as a supplement to the physician presentations

92. A nurse manager is addressing a situation where a traveling nurse has refused to float to another unit, citing her contract clause that specifies assignment to the nurse manager's unit only. The staffing office is requesting the float due to a critical staffing shortage on another unit. Which action is MOST appropriate?

A. Review the traveling nurse's contract to verify the nonfloat clause, communicate the contract terms to the staffing office, explore alternative staffing solutions for the shortstaffed unit, and if necessary, escalate to the agency for resolution

B. Override the contract clause and require the float since patient safety on the shortstaffed unit takes precedence over a contractual provision

C. Support the traveling nurse's refusal without reviewing the contract since agency nurses typically have contractual protections against floating

D. Contact the traveling nurse's agency and request an immediate replacement who does not have a nonfloat clause in their contract

93. A nurse manager is developing a plan for managing staff who are identified as having fitnessforduty concerns due to suspected cognitive decline. A longtenured nurse has been making unusual clinical errors, forgetting recently communicated information, and demonstrating difficulty with tasks she previously performed easily. Coworkers have expressed concern. Which approach is MOST appropriate?

A. Document the specific performance observations, lower the nurse's patient acuity assignments to reduce risk, and monitor for additional errors before taking further action

B. Meet with the nurse privately to discuss the specific observed performance changes, express concern for her wellbeing, refer for a fitnessforduty evaluation through occupational health, implement interim practice modifications to ensure patient safety, and handle the situation with dignity and confidentiality

C. Ask the nurse's coworkers to monitor her performance more closely and report any additional errors or concerning behaviors

D. Consult with the nurse's personal physician about the observed cognitive changes to determine whether a medical condition is contributing

94. A nurse manager is navigating the ethical implications of implementing an artificial intelligence system that predicts which patients are most likely to experience clinical deterioration. The AI system has been validated as highly accurate, but nurses are concerned about several issues: algorithmic bias against certain populations, loss of clinical autonomy if AI predictions override nursing judgment, and data privacy implications. Which response is MOST ethically sound?

A. Implement the AI system as mandatory because the accuracy data demonstrates clear patient safety benefit that outweighs the theoretical concerns

B. Allow nurses to opt out of using the AI system individually based on their personal comfort level with the technology

C. Delay implementation until all ethical concerns are fully resolved through organizational ethics committee review

D. Implement the AI system as a decisionsupport tool that supplements rather than replaces clinical judgment, conduct ongoing bias auditing, establish clear governance for how AI predictions interface with nursing autonomy, address data privacy through transparent policies, and create a feedback mechanism for nurses to report concerns

95. A nurse manager is developing an approach to support nursing staff who are also informal caregivers for family members outside of work. Research shows that thirty to forty percent of the nursing workforce provides informal caregiving, and these nurses experience higher rates of burnout, absenteeism, and turnover. Which support strategy is MOST comprehensive?

A. Provide flexible scheduling accommodations for nurses who are also informal caregivers and allow schedule swaps without restrictions

B. Refer all caregiver nurses to the employee assistance program for counseling and stress management support

C. Establish a caregiver support group on the unit where nurses who are also informal caregivers can share experiences and strategies

D. Implement a multifaceted support program including flexible scheduling options, caregiverspecific EAP resources, peer support networks, workload accommodations during acute caregiving crises, and organizational advocacy for familyfriendly policies that recognize the dual demands on nursecaregivers

96. A nurse manager is developing a business case for implementing a patient acuitybased staffing system to replace the current fixed nursetopatient ratio model. Which financial argument is MOST compelling?

A. The acuitybased system will reduce total nursing labor costs by eliminating overstaffing during periods of low patient acuity

B. Fixedratio staffing is more expensive because it does not account for the natural variation in patient acuity that occurs throughout the day

C. An acuitybased system aligns nursing resources with actual patient care needs, reducing both the overstaffing costs during lowacuity periods and the qualityrelated costs from understaffing during highacuity periods, producing a more efficient allocation that optimizes the relationship between labor investment and clinical outcomes

D. Published research shows that acuitybased staffing systems reduce nursing salary expenses by an average of eight percent compared to fixedratio models

97. A nurse manager is calculating the cost of orientation for a single new graduate nurse. The orientation program lasts twelve weeks and includes the following costs:

| Cost Component | Amount |

| Preceptor differential pay | $3,600 |

| New graduate salary during orientation (nonproductive) | $18,000 |

| Education materials and simulation | $1,200 |

| New employee processing (HR, IT, badges, health screening) | $800 |

| Reduced preceptor productivity (caring for fewer patients during preceptorship) | $6,400 |

What is the total cost of orientation per new graduate?

A. $30,000

B. $23,200

C. $22,600

D. $19,800

98. A nurse manager reviews the unit's financial data and identifies that supply costs have increased twelve percent over the past quarter while patient volume has increased only four percent. Which analysis should be conducted FIRST?

A. Compare supply costs per patient day to the organizational benchmark to determine whether the unit's perpatient supply utilization is above average

B. Analyze the specific supply categories that contributed to the twelve percent increase to determine whether the growth is driven by price increases, volume increases beyond patient census growth, product substitutions, waste, or a shift in patient acuity requiring more resourceintensive supplies

C. Request a budget adjustment from finance to accommodate the higher supply costs since the twelve percent increase exceeds the four percent volume growth

D. Implement supply cost reduction measures immediately by restricting access to highcost supplies and requiring charge nurse approval for all supply requisitions

99. A nurse manager is developing a financial justification for hiring a parttime wound care nurse for the unit. The unit's current wound care is managed by bedside nurses who report inconsistent product selection and technique. The wound care nurse position would cost fiftyfive thousand dollars annually (including benefits for a 0.6 FTE position). Which data provides the STRONGEST financial justification?

A. Calculate the current cost of wound care supplies per patient, the average healing time under the current approach, and the projected improvements in healing time and supply utilization under the wound care nurse's standardized approach, translated into avoided supply costs, reduced length of stay from faster healing, and prevented wound complications

B. Compare the unit's wound care outcomes to benchmark data to demonstrate that the unit is underperforming in wound healing metrics

C. Survey the bedside nurses to quantify the time they currently spend on wound care activities and demonstrate that this time would be redirected to other patient care activities

D. Calculate the cost of consulting the hospital's wound care team for each wound assessment and demonstrate that a dedicated parttime position is less expensive than repeated consultations

100. A nurse manager is analyzing the financial impact of the unit's nurse turnover. The following data is available:

Annual RN turnover: 7 nurses

Average replacement cost per RN: $56,000

Average time to fill a vacancy: 68 days

Agency nurse cost per day during vacancy: $720

Unit RN daily labor cost: $480

What is the total annual cost of vacancyrelated agency utilization?

A. $114,240

B. $342,720

C. The cost is 7 vacancies × 68 days × ($720 − $480) = 7 × 68 × $240 = $114,240 in premium costs above what permanent staff would have cost, PLUS 7 × $56,000 = $392,000 in replacement costs, for a total turnover impact of $506,240

D. $228,480

101. A nurse manager is developing a proposal for a nurseled observation unit that would manage patients requiring twelve to twentyfour hours of monitoring before a disposition decision. The unit would divert patients from inpatient admission, reducing length of stay and unnecessary admissions. Which financial model is MOST appropriate?

A. Model the observation unit as a revenuegenerating center billing for observation services at the applicable outpatient rates

B. Model the observation unit as a cost center that generates value through inpatient admission avoidance

C. Model the unit as a hybrid that generates direct observation billing revenue while simultaneously producing cost avoidance through prevented unnecessary inpatient admissions, and calculate the net financial impact as the sum of both revenue and cost avoidance minus the unit's operating costs

D. Model the observation unit as a breakeven operation where observation billing revenue covers operating costs and the primary value is clinical rather than financial

102. A nurse manager is negotiating the unit's annual supply budget with the finance department. The finance department proposes a three percent reduction based on an organizationalwide cost reduction initiative. The nurse manager's data shows that patient acuity has increased eight percent and that the supply mix has shifted toward more expensive specialty products. Which negotiation strategy is MOST effective?

A. Accept the three percent reduction and identify internal cost savings to meet the reduced budget

B. Present unitspecific acuity and supply mix data demonstrating that the three percent reduction is inappropriate for this unit, propose an alternative budget based on actual patient care needs, and offer to identify specific cost reduction opportunities that maintain quality while contributing to the organizational cost reduction initiative

C. Reject the three percent reduction and escalate to the chief nursing officer for intervention

D. Accept the three percent reduction for discretionary supplies but request an exception for clinical supplies that are driven by patient acuity

103. A nurse manager is developing a financial model for implementing a nursepatient assignment application that uses artificial intelligence to optimize patient assignments based on acuity, nurse

competency, geographic proximity, and continuity of care. The application costs fortyfive thousand dollars annually. Which financial benefit is MOST important to quantify?

A. The time saved by the charge nurse in making patient assignments each shift

B. The projected improvement in nurse satisfaction from more equitable assignments

C. The projected impact on nursesensitive quality indicators from improved assignment matching, including reduction in adverse events, decreased overtime from more efficient workload distribution, and improved patient satisfaction from better continuity of care, translated into financial value

D. The reduction in charge nurse overtime that currently occurs from the extended time required for manual assignment creation

104. A nurse manager is calculating the unit's productive versus nonproductive nursing hours for budget planning:

Total paid hours: 88,400

Benefit hours (vacation, sick, holiday, education): 14,144

What is the unit's benefit replacement factor?

A. The BRF = Total paid hours ÷ Productive hours = 88,400 ÷ (88,400 − 14,144) = 88,400 ÷ 74,256 = 1.19, meaning the unit needs 1.19 FTEs for every 1.0 FTE of productive coverage

B. The BRF = Benefit hours ÷ Total paid hours = 14,144 ÷ 88,400 = 0.16 or 16%

C. The BRF = Productive hours ÷ Total paid hours = 74,256 ÷ 88,400 = 0.84 or 84%

D. The BRF = Benefit hours ÷ Productive hours = 14,144 ÷ 74,256 = 0.19 or 19%

105. A nurse manager is evaluating the unit's performance on valuebased purchasing metrics. The unit's Total Performance Score places the hospital in the top quartile for the clinical outcomes domain but in the bottom quartile for the patient experience domain. Which interpretation is MOST actionable?

A. The strong clinical outcomes demonstrate excellent nursing care, and the patient experience scores will naturally improve as clinical outcomes are communicated to patients

B. The patient experience deficit is likely driven by nonnursing factors such as food service, noise levels, and facility condition, and should be addressed by other departments

C. The topquartile clinical performance protects the hospital from VBP penalties regardless of patient experience performance

D. The bottomquartile patient experience score is a significant financial liability since VBP equally weights clinical outcomes and patient experience, meaning the experience deficit may offset the clinical gains and reduce net incentive payments

106. A nurse manager is developing a staffing budget for the upcoming fiscal year. Historical data shows the following monthly patient day variation:

| Month | Patient Days |

|||

| January | 900 |

| February | 820 |

| March | 880 |

| April | 780 |

| May | 750 |

| June | 720 |

| July | 800 |

| August | 830 |

| September | 860 |

| October | 900 |

| November | 880 |

| December | 880 |

Target HPPD: 8.5. What is the total budgeted nursing hours for the year?

A. 10,000 patient days × 8.5 HPPD = 85,000 total nursing hours

B. The budget should be calculated monthly using each month's patient days × 8.5 HPPD, totaling 85,000 hours, but allocated proportionally by month to match seasonal volume patterns

C. 900 (peak month) × 12 months × 8.5 HPPD = 91,800 hours to ensure adequate staffing yearround

D. The nursing hours should be calculated using the average monthly patient days (833) × 12 × 8.5 = 84,967 hours

107. A nurse manager is evaluating the costeffectiveness of three approaches to managing nurse professional development:

| Approach | Annual Cost | Impact on Turnover | Impact on Quality |

|||||

| Conference attendance | $15,000 | No measurable impact | Minimal |

| Online learning platform | $8,000 | 3% turnover reduction | Moderate |

| Structured mentoring + clinical ladder | $35,000 | 12% turnover reduction | Significant |

The unit's annual turnover cost is $52,000 per departure (8 departures = $416,000 annually). Which analysis supports the BEST investment decision?

A. The structured mentoring and clinical ladder approach, because the 12% turnover reduction (approximately 1 fewer departure = $52,000 saved) exceeds the $35,000 investment by $17,000, while also producing significant quality improvement that the other approaches do not achieve

B. The online learning platform because it has the lowest cost and still produces measurable turnover reduction

C. Conference attendance because it provides the broadest educational exposure for the nursing staff

D. A combination of the online platform and conference attendance because their combined cost ($23,000) is lower than the mentoring program alone

108. A nurse manager is analyzing the unit's revenue cycle performance. Data shows that the unit's charge capture rate for nursing procedures is seventyeight percent, meaning twentytwo percent of chargeable nursing procedures are not being captured in the billing system. Which action is MOST appropriate?

A. Implement a nursing documentation education program focused on proper charge capture procedures

B. Conduct a charge capture audit to identify the highestrevenue procedures being missed, provide feedback to individual nurses on their capture rates, and redesign the documentation workflow to integrate charge capture into the procedure completion process

C. Request that the revenue cycle department conduct all charge capture audits and corrections since billing accuracy is their responsibility

D. Implement an automated charge capture system that generates charges from documented procedures without requiring separate nursing action

109. A nurse manager is preparing a capital equipment request for five new infusion pumps at nine thousand dollars each. The current pumps are eight years old and experience frequent malfunctions requiring rental replacements at two hundred dollars per day. Last year, the unit rented replacement pumps for a total of one hundred forty days. What financial argument is MOST compelling?

A. The total purchase cost of $45,000 is significantly less than the annualized rental cost of $28,000 projected over a threeyear period ($84,000), demonstrating that purchasing new pumps produces a positive return within two years while also improving patient safety through reduced malfunction risk

B. The current pumps exceed the manufacturer's recommended useful life and should be replaced as a regulatory compliance matter

C. Compare the new pump features to the current pump capabilities to demonstrate clinical improvement justification

D. The eightyearold pumps represent a patient safety risk due to potential malfunction during critical medication infusions

110. A nurse manager is developing a dashboard to monitor the unit's financial performance. Which combination of metrics provides the MOST balanced financial monitoring?

A. Revenue per patient day and total salary expense only

B. Total expenses compared to budget, broken down by major category

C. Revenue per patient day, cost per patient day, contribution margin, HPPD compared to target, overtime and agency utilization rates, supply cost per patient day, and budget variance trending — providing both revenueside and expenseside visibility with productivity and variance analysis

D. Salary cost per patient day and supply cost per patient day with monthly trending

111. A nurse manager is evaluating the financial impact of implementing a shared governance model on the unit. The model requires protected committee time estimated at four hours per month for twelve participating nurses. The average RN hourly rate including benefits is fortyeight dollars. What is the annual cost of governance participation time?

A. 12 nurses × 4 hours × $48/hour × 12 months = $27,648 annually

B. 12 nurses × 4 hours × $48/hour = $2,304 per month

C. The cost calculation should include both the participation hours ($27,648) and the backfill cost for clinical coverage during committee time

D. 4 hours × $48 × 52 weeks = $9,984 annually

112. A nurse manager is analyzing the unit's case mix index trend:

| Quarter | CMI | HPPD | Quality Composite |

|||||

| Q1 | 1.35 | 8.2 | 82/100 |

| Q2 | 1.42 | 8.2 | 79/100 |

| Q3 | 1.51 | 8.3 | 74/100 |

| Q4 | 1.58 | 8.3 | 68/100 |

Which interpretation is MOST actionable?

A. The quality decline is expected during periods of increasing acuity and does not require intervention unless it falls below a minimum threshold

B. The HPPD has been appropriately adjusted upward to match the CMI increase, and the quality decline must be caused by nonstaffing factors

C. The CMI increase and quality decline are unrelated trends that should be analyzed independently

D. The CMI has increased seventeen percent over four quarters while HPPD has increased only one percent, suggesting that staffing has not kept pace with acuity increases and the progressive quality decline is likely related to the widening gap between patient needs and nursing resources

113. A nurse manager is developing a proposal to implement bedside medication delivery by pharmacy. Currently, nurses retrieve medications from the automated dispensing cabinet for each administration. The pharmacy delivery model would have a pharmacist deliver medications to the bedside at scheduled times. Which financial metric is MOST important for the proposal?

A. The salary cost of the pharmacist delivery model compared to the nursing time currently spent retrieving medications

B. The projected reduction in medication errors from pharmacist bedside delivery translated into avoided costs, combined with the nursing time redirected to direct patient care and its impact on quality outcomes and patient satisfaction

C. The reduction in automated dispensing cabinet overrides that would result from pharmacist delivery

D. The improvement in medication administration timeliness from pharmacist delivery compared to nurseretrieved administration

114. A nurse manager is analyzing the unit's labor productivity data:

Month	Patient Days	Total Nursing Hours	HPPD	Target HPPD
Jan	900	8,100	9.0	8.5
Feb	820	7,790	9.5	8.5
Mar	880	7,920	9.0	8.5

Which month had the GREATEST productivity variance from target, and what was the excess hours?

A. January had the greatest variance with 450 excess hours (900 × 0.5 = 450)

B. February had the greatest variance with 820 excess hours (820 × 1.0 = 820)

C. March had the greatest variance with 440 excess hours

D. All three months had the same HPPD variance of 0.5 above target

115. A nurse manager is evaluating a proposal to implement a centralized telemetry monitoring unit that would replace the unit's current bedside cardiac monitoring approach. The proposal projects a savings of

one hundred twenty thousand dollars annually in monitoring technician costs. Which factor is MOST important to evaluate beyond the projected savings?

A. Whether the centralized monitoring unit's technology is compatible with the unit's existing electronic health record system

B. Whether the centralized monitoring model is used at competing hospitals in the region

C. Staff satisfaction with the proposed change from bedside to centralized monitoring

D. Whether the centralized model can maintain equivalent patient safety outcomes including alarm response times, ability to detect deterioration, and nursing workflow integration, since cost savings are meaningless if the monitoring model change increases patient risk

Answer Key – Exam 9 (with Full Answer Explanations)

1. C — The Discovery phase of Appreciative Inquiry involves interviewing stakeholders about their best experiences, the conditions that enabled success, and what they value most. Unlike deficit-based problem-solving, AI builds on existing strengths. Discovery uncovers the "positive core" of the organization that subsequent phases (Dream, Design, Destiny) will amplify.

2. B — Addressing the senior nurse's specific behaviors directly, explaining how they constitute lateral violence, establishing expectations, and simultaneously supporting the junior nurse addresses both dimensions of the problem. Lateral violence does not require a formal complaint to warrant intervention — managers who observe it have an obligation to act regardless of whether a report is filed.

3. A — CUS is a three-tiered assertive communication framework: "I am Concerned," "I am Uncomfortable," "This is a Safety issue." Each statement escalates the urgency, signaling the team to stop and address the concern. TeamSTEPPS developed CUS specifically to empower any team member to halt an unsafe action through a recognized escalation pathway.

4. D — A standardized orientation checklist, designated resource nurse, and just culture framework for the error addresses both the systemic gap (inadequate float orientation) and the individual event (medication error). A five-minute verbal overview is insufficient orientation for unit-specific high-risk protocols. System-level prevention requires standardized processes.

5. D — Addressing the surgeon's behavior as a professional conduct violation, validating the nurse's right to question orders, establishing non-negotiable communication standards, and developing a disagreement framework addresses all dimensions. Berating a nurse in front of a patient is never acceptable regardless of the clinical disagreement. Both patient safety and professional dignity must be preserved.

6. B — A structured education program with conversation facilitation training, patient identification triggers, a trigger-based initiation system, and palliative care collaboration builds unit-level capability for end-of-life communication. Late goals-of-care conversations result from both skill deficits and system gaps that a comprehensive program addresses.

7. A — Addressing the specific incident through HIPAA reporting, re-educating all staff, implementing visual reminders, and incorporating HIPAA awareness into competency assessment addresses immediate accountability, staff education, environmental cues, and ongoing monitoring. Elevator conversations are one of the most common sources of inadvertent PHI disclosure.

8. B — Acknowledging workload concerns, connecting QI to patient care and development, offering multiple participation levels, providing protected time, and demonstrating how existing work can fulfill the requirement makes the mandate achievable. Resistance to QI participation typically stems from perceived burden rather than opposition to quality improvement itself.

9. A — A standardized intake process with documentation, timely acknowledgment, appropriate investigation, patient follow-up, trend analysis, and systematic improvement transforms complaints from isolated incidents into organizational learning. Inconsistent complaint management loses both resolution opportunities and trend data.

10. A — Substance use disorder is a disability under the ADA when it does not currently impair job performance. Taking employment action based solely on a disability disclosure without performance concerns violates the ADA. The nurse's sobriety and performance record do not warrant reporting, monitoring, or testing beyond what applies to all employees.

11. B — Regular collaborative meetings with real-time data review, joint improvement identification, co-developed interventions, and outcome evaluation transforms the relationship from transactional reporting to strategic partnership. Quarterly written reports without follow-up discussion create data delivery without collaborative problem-solving.

12. A — Acknowledging the burden, providing staffing support, ensuring super-user availability, communicating the specific end date, and recognizing effort addresses the temporary but significant impact of parallel documentation. EHR transitions require organizational investment in supporting staff through the highest-burden periods.

13. D — Educating nurses on a structured approach including the reason, expected benefit, side effects, and patient questions, integrated into the medication workflow, builds the communication skill into routine practice. "The doctor changed your medicine" transfers communication responsibility and leaves patients uninformed about decisions affecting their care.

14. B — Sharing evidence of impact, demonstrating visible care plan integration, and piloting with early adopters addresses the cynicism that the initiative will not change anything. "What Matters to You?" initiatives succeed when staff see that patient responses visibly influence care decisions rather than becoming documentation checkboxes.

15. D — Acknowledging fears without dismissal, providing comprehensive education, ensuring consultation access, establishing safety protocols, and creating gradual exposure with leadership support addresses the legitimate safety and competency concerns. Fear-based resistance to behavioral health patients requires validation and preparation rather than reassurance or avoidance.

16. A — A standardized electronic transfer form embedded in the EHR workflow with required fields and sender-receiver acknowledgment creates a reliable, auditable communication system. Transfer communication failures typically result from inconsistent verbal handoffs. EHR-embedded forms that cannot be bypassed ensure critical information transfers with every patient.

17. C — Reviewing whether the workload makes completion unrealistic, adjusting expectations or staffing if needed, and addressing individual accountability separately distinguishes between system failure and individual performance failure. Night shift task incompletion may reflect legitimate workload barriers rather than negligence, and the investigation must determine which before intervening.

18. B — Graduated exposure beginning with low-stakes scenarios, coaching before and after each interaction, modeling constructive conflict, and reframing conflict as a professional skill directly develops the specific competency. Conflict avoidance responds best to progressive desensitization with support rather than classroom training alone.

19. A — A standardized SBAR worksheet completed before calling, with specific clinical data prompts and a recommendation component, addresses the root cause: omitted information during unstructured phone communications. Pre-call preparation ensures that the nurse has organized the relevant clinical data before the physician conversation begins.

20. A — Transparent, frequent communication about knowns and unknowns, honest uncertainty acknowledgment, forums for concerns and questions, and a unified leadership message from both managers addresses the merger's primary threat: anxiety from information vacuum. Staff tolerate uncertainty better when leadership communicates transparently rather than withholding information.

21. C — Clinically relevant staff-selected articles, a simplified appraisal framework, unit-specific application focus, and rotating facilitation with mentoring addresses the specific feedback: too academic and difficult to understand. Journal clubs succeed when they are clinically relevant, accessible, and staff-driven rather than leadership-imposed.

22. A — A culturally responsive care plan developed with community leaders, staff education on health beliefs and communication preferences, and accommodation protocols creates a systematic rather than individual approach. Effective cultural care requires partnership with the community rather than imposition of institutional assumptions.

23. B — Multi-modal communication including recorded video summaries, digital communication boards, leadership rounding during nights, and periodic night shift meetings addresses the fundamental problem: single-channel communication fails to reach all staff. Different communication preferences and schedules require multiple redundant channels.

24. B — Educating on legal requirements and clinical risks of family interpreters, streamlining the interpreter request process, ensuring video and phone options are accessible, and establishing professional interpreter expectations addresses both the knowledge gap and the access barrier. Family interpreters compromise accuracy, confidentiality, and role clarity in clinical communication.

25. A — Training on specific behavioral feedback, developmental rather than evaluative framing, confidentiality, voluntary piloting, and leadership participation addresses the relationship damage concern directly. Peer feedback programs succeed when staff are skilled in constructive feedback delivery and trust that the process supports growth rather than judgment.

26. D — Communicating transparently while acknowledging impact, advocating for an alternative lactation space, connecting staff with organizational channels, and following up on resolution balances the competing obligations. Federal law requires employers to provide reasonable lactation accommodations, making this both a policy and legal matter.

27. C — A scripted approach explaining requirements with rationale, motivational language, compliance assistance, and a clear escalation pathway equips staff with consistent, respectful enforcement tools. Inconsistent enforcement ranges from ignoring non-compliance to confrontation, both of which are ineffective. Standardized compassionate communication resolves most situations.

28. C — Schwartz Rounds create a structured forum for interdisciplinary caregivers to discuss the emotional impact of patient care, focusing on relational and human dimensions rather than clinical problem-solving. The program strengthens team resilience and empathy by normalizing the emotional toll of healthcare work through shared reflection.

29. D — Analyzing specific barriers including technology access, system design, workflow constraints, and competing priorities, then implementing targeted solutions with clinical and legal rationale addresses batched documentation systematically. Real-time documentation barriers vary by unit, and solutions must match the specific barriers identified.

30. B — Mapping each defense layer and identifying the specific weaknesses that aligned applies the Swiss Cheese Model correctly. Reason's model shows that errors reach patients when holes in multiple defense layers (prescribing, pharmacy, nursing, technology) align simultaneously. Fixing any single layer may prevent future alignment.

31. C — Mapping the process step by step before assigning risk ratings is the correct HFMEA sequence. You cannot identify failure modes or assign severity and probability ratings until the complete process has been mapped with all sub-steps visible. Process mapping is the foundational step that all subsequent analysis depends on.

32. D — Presenting each metric with accessible language, context for benchmarks, highlighting improvements as evidence of capability, identifying CAUTI as the priority, and noting falls as needing sustained attention provides a balanced, educational interpretation. New graduates need context to understand quality metrics, not just pass-fail categorizations.

33. A — Situational awareness — maintaining a shared mental model, actively monitoring for changes, and communicating changes to the team — is the CRM principle most directly applicable to nursing team safety. Shared situational awareness prevents the communication failures that are the most common contributing factor in sentinel events.

34. D — Investigating the specimen workflow to identify process-specific barriers explains why the same staff achieve different compliance rates for different activities. High medication compliance proves staff know the requirement. Lower specimen compliance signals a workflow barrier unique to specimen handling that education alone will not resolve.

35. B — Comprehensive education on trafficking indicators, trauma-informed questioning approaches, clear positive-screen response protocols, and simulation practice addresses the staff comfort, knowledge, and process gaps simultaneously. Human trafficking screening requires both clinical skill and emotional readiness that training must develop.

36. D — Reducing complications, optimizing length of stay, and ensuring effective post-discharge coordination directly affect the bundle's financial outcome. Under bundled payment, every complication, extra hospital day, and readmission within ninety days costs the hospital money. The financial incentive aligns clinical quality with fiscal performance.

37. B — Standardized guidelines including observer qualifications, training, documentation, relief protocols, observation parameters, and intervention thresholds addresses the core vulnerability: untrained, unguided observers performing a safety-critical function. One-to-one observation is a high-responsibility role that requires specific preparation and clear expectations.

38. C — Standardizing collection, identification, documentation, secure storage, reconciliation with inpatient medications, and return at discharge addresses all Joint Commission requirements. Uncontrolled home medications create risks of unapproved self-administration, drug interactions, and loss during hospitalization.

39. B — Collaborating with medical staff on clinical decision support that alerts to potentially unnecessary orders and educating nurses to question orders through appropriate channels addresses the problem at the ordering decision point. Unnecessary testing is primarily a physician ordering practice issue that requires collaborative physician-nurse-informatics intervention.

40. C — An inclusive implementation plan with accessible alternatives including large font, audio presentation, interpreter access, and paper backup addresses the legitimate accessibility concerns. Universal technology deployment must include accommodations for populations who cannot use the standard interface.

41. A — Professionally translated materials in Spanish and all languages representing more than five percent of the population, prominent posting, staff training, and a process for additional translations directly corrects the cited deficiency. Patient rights must be accessible in the languages spoken by the served population to meet federal and state requirements.

42. C — Embedding the pathway into the EHR order set as the default workflow with variation requiring active deviation and documentation ensures consistent adherence. Clinical pathways that exist as separate documents from the ordering system are routinely bypassed. EHR integration makes the pathway the path of least resistance.

43. C — Reduced pharmacy staffing creating preparation and delivery delays, combined with slower physician response and potentially less experienced nursing staff, represents the most comprehensive explanation for off-hours compliance gaps. Sepsis bundle compliance depends on multiple disciplines, and off-hours staffing reductions affect all of them simultaneously.

44. A — A multifaceted program including risk assessment, individualized monitoring, environmental controls, wander-management technology, staff education, and a rapid response protocol addresses elopement through multiple complementary strategies. Elopement prevention requires layered defenses because patients elope for different reasons requiring different interventions.

45. B — Split-location care creates clinical handoff risks, communication gaps, delayed interventions when the responsible nurse is on a different floor, and accountability gaps for patient monitoring. The most significant concern about managing boarded patients is the physical separation between the responsible nurse and the patient.

46. C — A structured PACU-to-inpatient reconciliation covering current infusions, PACU medications, new orders, discontinued pre-op medications, and next-due medications with bedside verification by both nurses directly addresses the transition vulnerability. The four-hour post-transfer window is the highest-risk medication period because the medication regimen changes completely.

47. B — Investigating the specific situations, locations, and conditions where the twelve percent non-compliance occurs enables targeted interventions for those specific scenarios. Compliance plateaus indicate that broad-based interventions have reached their maximum effect. The remaining gap is concentrated in specific circumstances that require specific solutions.

48. C — A daily mobility huddle where all three disciplines identify eligible patients and schedule mobilization times solves the coordination problem. The protocol is evidence-based and the disciplines are available — the barrier is scheduling coordination. A brief daily planning meeting eliminates the ad hoc scheduling that causes compliance failures.

49. D — Rapid cycle deliberate practice produces deeper skill acquisition through focused repetition with immediate corrective feedback, addressing specific performance gaps in real time. Traditional annual skills fairs provide exposure but do not produce the deliberate practice with expert feedback that research shows is required for durable skill acquisition.

50. C — An active final verification immediately before the procedure including correct patient, correct procedure, correct site marking visible and verified, and verbal team confirmation is the most critical Universal Protocol element. The final verification is the last defense before an irreversible action begins and must actively confirm all elements.

51. C — A3 thinking fundamentally requires deep understanding of the actual current condition through direct observation before proposing solutions. Going to the Gemba to see the problem firsthand prevents solutions based on assumptions. The discipline of understanding the current state before solving is the A3 methodology's most distinctive principle.

52. B — Sustain is the most critical 5S step for long-term success because organized spaces naturally revert to disorder without visual management, standards, audits, and accountability. Sort, Set in Order, and Shine create the organized state, but Sustain maintains it. Without sustain mechanisms, all previous work is temporary.

53. B — Going to the clinical workspace to observe actual workflows, ask questions, listen, identify waste and improvement opportunities, and model leadership presence captures the essence of Gemba. Gemba walks are about understanding work as it actually happens, not inspecting compliance or showcasing achievements.

54. A — Observing multiple charge nurses, identifying best practices, documenting the optimal sequence with time intervals, piloting with input, and refining develops standard work from actual observed best practice. Standard work in Lean must be based on the best known current method, developed collaboratively with the people who do the work.

55. C — The 5 P's framework — Purpose, Patients, Professionals, Processes, and Patterns — provides the most comprehensive microsystem assessment. This framework examines why the unit exists, whom it serves, who works there, how care is delivered, and what the data reveals about performance.

56. D — Including all relevant departments, empowering the team to implement changes during the event, providing dedicated time, and following up to sustain improvements addresses the critical success factors. Kaizen events fail when the team lacks authority to implement changes, when key stakeholders are absent, or when improvements are not sustained.

57. C — Medication storage bins physically shaped to accept only the correct medication make it impossible to stock the wrong item — the definition of poka-yoke error-proofing. Poka-yoke designs the error out of the system entirely rather than relying on human vigilance, double-checks, or education to prevent mistakes.

58. D — Intent-to-stay declining twelve points despite improving manager effectiveness indicates that external factors beyond the nurse manager's control are driving retention risk. This is the most concerning finding because it suggests the unit faces turnover threats that unit-level interventions alone cannot address, requiring organizational-level advocacy.

59. D — Clearly defined policies for case selection, standards-based review criteria, confidentiality protections, due process, separation from employment actions, and improvement focus establish the committee's credibility. Peer review credibility depends on perceived fairness, confidentiality, and improvement orientation rather than punitive intent.

60. A — A structured agreement defining mutual expectations, learning outcomes, preceptor support, communication, evaluation, liability, and opportunities for faculty practice and research creates a genuine partnership benefiting both organizations. Academic-practice partnerships succeed when both parties define and commit to reciprocal benefits.

61. D — First-year turnover rate compared to pre-program baseline, competency progression data, and nurse-sensitive quality indicator comparisons provide the most comprehensive effectiveness evidence.

Residency programs are justified by demonstrating measurable improvements in retention, competency development, and patient care quality.

62. B — Ninety minutes of pure waiting time where no clinical or administrative activity occurs represents the most significant waste in Lean terms. Waiting waste directly extends the patient's transition time without adding any value. Identifying and eliminating waiting waste produces the most immediate throughput improvement.

63. D — Selecting a small, visible, staff-identified improvement, implementing it quickly with full involvement, demonstrating results, and using the success to rebuild change capacity breaks the resistance pattern. Teams that have experienced repeated failed initiatives need a success experience to restore belief that change can produce positive outcomes.

64. A — Consistently removing barriers, developing potential, sharing power, and measuring success by whether people served become healthier, wiser, and more likely to serve others captures Greenleaf's servant leadership essence. Servant leadership is not passive accommodation — it is active, intentional investment in others' growth and well-being.

65. D — The Leadership category predicts sustainable performance because strong leadership enables excellence in all other Baldrige categories. Research consistently shows that leadership practices create the conditions for strategy execution, customer focus, workforce engagement, operational effectiveness, and results achievement.

66. B — An evidence-based pressure injury prevention program that improves patient outcomes (patient sphere), elevates nursing skills (nursing practice sphere), and produces quality metric improvements (organization sphere) spans all three CNS spheres of influence simultaneously. The CNS role's unique value lies in its ability to impact all three spheres through a single initiative.

67. D — Deploying experienced staff as ambassadors for the new service line leverages the strength (experienced staff) to address the threat (competing hospital) while creating differentiation the competitor cannot replicate and simultaneously addressing the advancement weakness. The best strategies leverage strengths against threats while addressing weaknesses.

68. B — Comparing clinical performance metrics including time to independent practice, critical thinking, safety events, and patient outcomes, controlling for confounders, provides the most meaningful

evaluation. Simulation-based orientation must be evaluated by its impact on actual clinical performance rather than self-reported confidence or satisfaction.

69. B — Redirecting the council through charter reaffirmation, structured agendas, facilitation training, specific practice assignments with deadlines, and grievance routing to appropriate channels addresses the dysfunction while preserving the governance structure. Governance councils become complaint forums when they lack specific practice questions to address and facilitation discipline.

70. D — Creating mastery experiences (self-efficacy), modeling optimistic reframing (optimism), facilitating meaningful goal-setting with pathways (hope), and supporting recovery through debriefing and peer support (resilience) develops all four psychological capital components simultaneously. Luthans' research shows all four are developable through specific leadership interventions.

71. D — Visible, consistent presence, transparent communication, core work protection, staff advocacy, stability through predictable routines, and demonstrated mission continuity provides comprehensive leadership during sustained organizational turbulence. Extended instability requires leaders who create islands of stability within organizational chaos.

72. C — The balance between organizational efficiency, clinical judgment about unit needs, staff satisfaction, and rapid response capability determines which model produces the best outcomes. Neither centralized nor decentralized staffing is universally superior — the optimal model depends on organizational context and the priorities being balanced.

73. D — Identifying and systematically removing institutional, hierarchical, and resource barriers while building advocacy communication channels addresses the root cause of moral distress. Moral distress occurs when nurses know the right action but are constrained from taking it. The intervention must remove the constraints, not just help nurses cope with them.

74. C — A multidisciplinary review identifying low-value diagnostics and treatments with evidence-based protocols guiding higher-value alternatives directly promotes high-value care. High-value care requires systematic evaluation of whether interventions produce clinical benefit proportional to their cost and patient burden.

75. A — Structured knowledge transfer sessions with critical knowledge identification, documentation, successor participation, and validation through independent demonstration captures the departing charge

nurse's institutional knowledge systematically. Undocumented institutional knowledge is lost permanently when key employees depart unless explicitly transferred.

76. C — Meaningful incentives including financial recognition, flexibility, and autonomy, accessible pathways, workflow integration, and communication of individual and unit benefits addresses the twelve percent participation barrier comprehensively. Clinical ladders succeed when advancement is rewarding, accessible, and integrated into practice rather than added on top of it.

77. B — A visual signal any team member can activate when a safety concern is identified, triggering immediate response before care continues, directly adapts the Andon concept. Andon empowers any worker to stop the process when a problem is detected, ensuring problems are resolved at the source rather than passed downstream.

78. D — Documented examples of creating vision, inspiring excellence beyond expectations, developing leadership capacity, and challenging conventions through innovative solutions with measurable improvements demonstrates transformational leadership as defined by the Magnet model. Transformational leadership is demonstrated through evidence of impact, not credentials or participation.

79. A — Evaluating whether team nursing would better distribute workload while maintaining RN oversight, considering outcomes, satisfaction, communication, and continuity impacts, provides the comprehensive analysis needed. When the current care delivery model cannot accommodate increased complexity, systematic evaluation of alternatives is required before defaulting to ratio reduction.

80. C — Complying with monitoring requirements honestly, maintaining confidentiality, ensuring operational feasibility of practice limitations, and supporting recovery while protecting safety covers all nurse manager obligations. Alternative-to-discipline programs protect both the nurse's recovery and patient safety through structured monitoring that depends on honest manager reporting.

81. D — Integrating portfolio development into existing activities, providing templates and examples, connecting to clinical ladder advancement, offering mentoring, and showcasing exemplary portfolios removes barriers and creates visible value. Professional portfolio adoption requires making the process accessible, meaningful, and connected to tangible career benefits.

82. C — Practicing outside nursing scope by diagnosing conditions and recommending treatments for non-patients is the most significant concern. Nurses can provide general health information, but making

specific diagnoses and treatment recommendations crosses into medical practice and creates both legal and ethical violations.

83. B — Guidelines addressing infection control, notification management, privacy considerations, and the distinction between clinically supportive and distracting devices provides balanced governance. Wearable technology in healthcare requires policy that addresses legitimate safety concerns without unnecessarily restricting personal technology use.

84. C — Following the organization's reasonable suspicion policy, which typically requires trained evaluator assessment, potential testing, and documentation, is the required response regardless of the nurse's explanation. Reasonable suspicion protocols exist to ensure objective evaluation. Accepting the explanation without following the policy creates organizational liability if impairment is later confirmed.

85. A — Validating the concern, facilitating physician communication, recommending consultation, offering emotional support, and discussing reassignment if distress becomes unsustainable addresses both the ethical concern and the nurse's well-being. Moral distress around perceived futile treatment requires both advocacy channels and personal support.

86. B — Nurse participation in hospital affairs and ability to influence organizational decisions is the practice environment dimension most predictive of both satisfaction and outcomes. The NWI-Revised and PES-NWI consistently identify nurse participation in organizational governance as the strongest predictor of both nurse and patient outcomes.

87. C — Removing from patient care immediately, preserving evidence, reporting to leadership and HR, initiating investigation, and evaluating patient safety risks follows the required sequence for documentation falsification. Falsified assessments create patient safety risks that require immediate clinical review of affected patients to determine whether harm occurred.

88. C — Reviewing organizational policy, consulting HR, applying policy consistently, and fostering a culture normalizing mental health needs provides the appropriate response. Mental health qualifies for sick time under most organizational policies and the ADA, but consistent application requires policy verification and HR guidance.

89. D — An EBP mentoring program, structured clinical question process, research access and appraisal training, small-scale implementation projects, and outcome celebration builds a sustainable EBP culture.

Moving from tradition-based to evidence-based practice requires infrastructure, skills development, and cultural reinforcement rather than individual mandates.

90. A — Addressing documentation as a universal performance expectation, providing individualized technology support, establishing a transition timeline, and clarifying that the workaround is unsustainable treats the situation fairly. Clinical excellence does not exempt any nurse from documentation requirements. The approach must be firm on the expectation while supportive of the transition.

91. B — Interdisciplinary grand rounds where nursing presents alongside medicine, highlighting nursing's unique contribution to patient outcomes, elevates nursing practice while promoting collaborative understanding. This format demonstrates nursing's clinical impact within the established grand rounds structure rather than creating a separate, potentially marginalized forum.

92. A — Reviewing the contract, communicating terms to the staffing office, exploring alternatives, and escalating to the agency if needed follows the proper process. Agency nurse contracts are binding agreements that cannot be unilaterally overridden. The staffing office must find alternative solutions for the short-staffed unit.

93. B — Private meeting discussing specific observations, expressing concern, referring for fitness-for-duty evaluation, implementing interim safety modifications, and handling with dignity follows the appropriate process for suspected cognitive decline. This situation requires compassionate but direct intervention that protects both the nurse's dignity and patient safety.

94. D — Implementing AI as decision-support supplementing clinical judgment, conducting bias auditing, establishing governance for AI-nursing autonomy interface, addressing privacy transparently, and creating a feedback mechanism addresses all ethical concerns while enabling the technology's safety benefits. Ethical AI implementation requires transparent governance rather than blanket acceptance or rejection.

95. A — Flexible scheduling, caregiver-specific EAP resources, peer support, workload accommodations during crises, and advocacy for family-friendly policies addresses the dual-role challenge comprehensively. Nurse-caregivers face compounding demands that require both workplace flexibility and organizational recognition of their unique circumstances.

96. C — An acuity-based system aligns resources with actual needs, reducing overstaffing costs during low acuity and quality-related costs from understaffing during high acuity. This dual optimization is the strongest financial argument because it addresses both sides of the cost equation — wasted labor and preventable adverse events — simultaneously.

97. A — Total = $3,600 + $18,000 + $1,200 + $800 + $6,400 = $30,000 per new graduate orientation. This comprehensive cost calculation includes all direct and indirect orientation costs. Understanding the true cost of orientation reinforces the financial imperative of retention since each departure triggers this full cost again.

98. B — Analyzing which specific supply categories drove the twelve percent increase identifies whether the cause is price increases, volume growth beyond census, product substitutions, waste, or acuity-driven need. A twelve percent supply increase with only four percent volume growth signals a cost driver beyond simple volume, requiring category-level investigation.

99. A — Wound care supply cost per patient, average healing time, projected improvements under standardized care, translated into avoided supply costs, reduced length of stay, and prevented complications provides the quantified financial return. The wound care nurse's value lies in standardized practice that reduces the total cost of wound healing.

100. C — Premium agency costs above permanent staff rates (7 × 68 × $240 = $114,240) PLUS replacement costs (7 × $56,000 = $392,000) = $506,240 total turnover impact. This comprehensive calculation captures both the visible cost (agency premiums) and the hidden cost (replacement) that together represent the true financial burden of turnover.

101. C — A hybrid model capturing both direct observation billing revenue and cost avoidance from prevented unnecessary admissions, minus operating costs, provides the complete financial picture. Observation units generate value through two channels: direct revenue from observation services and indirect savings from diverted inpatient admissions.

102. B — Presenting unit-specific acuity and supply mix data, proposing an alternative needs-based budget, and offering targeted cost reduction opportunities demonstrates that the blanket three percent reduction is inappropriate for this unit while contributing to organizational cost goals. Effective budget negotiation requires data that differentiates the unit's situation from the organizational average.

103. C — The projected impact on nurse-sensitive quality indicators from improved assignment matching, translated into financial value through reduced adverse events, decreased overtime, and improved satisfaction captures the AI tool's full value proposition. Assignment optimization technology must demonstrate measurable clinical and financial outcomes.

104. A — BRF = Total paid hours ÷ Productive hours = 88,400 ÷ 74,256 = 1.19. This means the unit needs 1.19 FTEs for every 1.0 FTE of productive coverage to account for vacation, sick time, holidays, and education. The BRF is essential for accurate staffing budget calculations since it quantifies the non-productive time that must be funded.

105. D — Bottom-quartile patient experience offsets top-quartile clinical performance in VBP scoring because both domains are weighted equally. Strong clinical performance does not protect against experience penalties. The net incentive payment may be significantly reduced or eliminated if the experience deficit cancels the clinical gains.

106. A — Total annual patient days = 900+820+880+780+750+720+800+830+860+900+880+880 = 10,000. Total budgeted hours = 10,000 × 8.5 = 85,000 hours. This calculates the correct annual total. Monthly allocation should follow the seasonal pattern, but the total annual hours are the foundational budget figure.

107. A — The mentoring and clinical ladder approach saves $52,000 (one prevented departure) against a $35,000 investment = $17,000 net benefit, plus significant quality improvement. The online platform saves $52,000 × 3% ≈ $1,560 against $8,000 cost, producing a negative ROI. The mentoring approach is the only option with both positive financial return and meaningful quality impact.

108. D — Implementing an automated charge capture system that generates charges from documented procedures without separate nursing action addresses the root cause most efficiently. A twenty-two percent missed capture rate represents significant revenue leakage. Automated systems that link documentation to charge generation eliminate the human step where capture fails.

109. A — Purchase cost of $45,000 versus projected rental cost of $28,000/year over three years ($84,000) demonstrates payback within two years, plus patient safety improvement from reliable equipment. Capital equipment proposals must demonstrate that the purchase investment is recovered through cost avoidance and quality improvement within a reasonable timeframe.

110. C — Revenue per patient day, cost per patient day, contribution margin, HPPD vs target, overtime and agency rates, supply cost per patient day, and budget variance trending provides comprehensive financial visibility. A balanced dashboard must include both revenue and expense metrics, productivity measures, and variance analysis to enable proactive financial management.

111. A — 12 nurses × 4 hours × $48/hour × 12 months = $27,648 annually. This calculation quantifies the direct participation cost. Note that a complete cost analysis would also include backfill costs for clinical coverage during committee time, but the direct participation cost provides the baseline investment figure.

112. D — CMI increased seventeen percent (1.35 to 1.58) while HPPD increased only one percent (8.2 to 8.3), creating a widening gap between patient needs and nursing resources that correlates with the progressive quality decline from 82 to 68. This analysis demonstrates that staffing has not kept pace with acuity, directly linking the resource gap to quality deterioration.

113. B — Projected medication error reduction translated into avoided costs, combined with nursing time redirected to direct patient care and its quality and satisfaction impact, captures the full value proposition. Bedside pharmacy delivery's primary financial value is error prevention and nursing time reallocation rather than simple labor cost comparison.

114. B — February had the greatest variance: actual HPPD 9.5 versus target 8.5 = 1.0 HPPD excess × 820 patient days = 820 excess hours. January and March each had 0.5 HPPD excess (450 and 440 hours respectively). February's larger per-patient-day variance combined with its patient volume produces the highest total excess hours.

115. D — Whether the centralized model maintains equivalent safety outcomes including alarm response times, deterioration detection, and nursing workflow integration determines whether the savings are real or illusory. Cost savings from a monitoring model change that increases patient risk create net liability rather than net savings.