

PRACTICE EXAM 7: NEA-BC NURSE EXECUTIVE ADVANCED SIMULATION (150 QUESTIONS)

This independent practice exam contains 150 questions and is designed to be completed in 3 hours. The current ANCC Nurse Executive, Advanced examination includes 125 scored questions and 25 pretest questions; pretest questions cannot be distinguished from scored questions, so answer every item. The current passing scaled score is 350 out of 500. This resource reflects the ANCC Test Content Outline effective November 11, 2025 and is not affiliated with, endorsed by, or sponsored by ANCC or ANA. A practice score does not predict certification and does not replace the current ANCC handbook, outline, or reference list.

1. During a system strategy session, a newly appointed system chief nursing officer wants to move several hospitals from siloed decisions toward shared accountability. Which leadership approach is most likely to support that transition?
 - A. Use a transformational approach that creates shared purpose and empowers distributed leaders.
 - B. Use a transactional approach centered on individual compliance and rewards.
 - C. Use a laissez-faire approach that leaves each hospital to determine its own direction.
 - D. Use an autocratic approach that centralizes every operational decision.

2. As a nurse executive enters a new role, during a board presentation, an executive is challenged about a worsening patient-outcome trend. Which behavior best demonstrates executive presence?
 - A. Deflect the concern by emphasizing unrelated accomplishments and awards.
 - B. Promise immediate improvement without explaining the underlying causes or measures.
 - C. Acknowledge the concern, state what is known, and outline a credible response plan.
 - D. Attribute the trend to frontline staff before reviewing the available evidence.

3. While a health system integrates services, a nurse executive wants leaders to recognize personal values, acknowledge limitations, and build trust through consistent behavior. Which leadership concept is most directly being emphasized?

- A. Contingent-reward leadership based primarily on negotiated exchanges.
- B. Bureaucratic leadership based primarily on formal rules and reporting lines.
- C. Directive leadership based primarily on unilateral decisions and control.
- D. Authentic leadership grounded in self-awareness, transparency, and relational consistency.

4. At an enterprise governance meeting, a system faces an urgent capacity crisis while also redesigning its long-term care model. Which leadership response best reflects situational leadership?

- A. Use one leadership style consistently so every team receives identical oversight.
- B. Adjust the degree of direction and support to the task, urgency, and team readiness.
- C. Delegate all decisions immediately, regardless of staff experience or risk.
- D. Require senior executives to approve every decision until the crisis ends.

5. After a major environmental shift, a nurse executive is entering a partnership with a community organization that has previously felt overlooked by the health system. What is the best first relationship-building action?

- A. Listen to community priorities, clarify shared interests, and establish reliable follow-through.
- B. Present the health system's preferred solution before inviting community feedback.
- C. Ask the community organization to endorse a plan already approved internally.
- D. Delay engagement until the health system has completed its entire project design.

6. As competing priorities reach the cabinet, a nurse executive is deciding whether a new service line fits the organization's future direction. Which strategic-planning activity should occur first?

- A. Write detailed implementation tasks before clarifying the strategic problem.
- B. Choose a popular initiative before evaluating resources, risks, or community need.
- C. Assess the external environment and internal capabilities before selecting strategic priorities.
- D. Set a completion date before defining the desired outcome and success measures.

7. During a shared-leadership review, a planning team is examining strengths, weaknesses, opportunities, and threats before proposing a systemwide nursing strategy. Which tool is being used?

- A. A SWOT analysis that combines internal conditions with external conditions.
- B. A logic model that maps inputs, activities, outputs, and outcomes.
- C. A fishbone diagram that organizes possible causes of a defined problem.
- D. A control chart that distinguishes routine variation from special-cause variation.

8. While succession plans are evaluated, a health system wants a strategy dashboard that balances patient outcomes, workforce capability, financial stewardship, and learning. Which design is most appropriate?

- A. Use only a financial dashboard because financial results summarize all other performance.
- B. Use a list of annual projects without measures, owners, or target values.
- C. Use a balanced scorecard with linked measures across several strategic perspectives.
- D. Use only staff-satisfaction data because engagement drives every result automatically.

9. Following a challenging stakeholder forum, the board wants clearer oversight of system nursing quality while preserving clinical expertise in decisions. Which governance arrangement best supports that goal?

- A. Move all clinical decisions to the board so accountability is centralized.
- B. Define board oversight, executive accountability, and clinical decision rights through a clear governance structure.
- C. Leave quality oversight informal so leaders can adapt without documented roles.
- D. Assign quality decisions to whichever department raises the issue first.

10. As the organization revisits its mission, several hospitals have competing nursing policies and inconsistent escalation practices. What is the strongest first step to improve system governance?

- A. Issue a single policy without identifying who owns future decisions or exceptions.
- B. Ask each hospital to preserve its current process and compare results later.

- C. Place all policy decisions with finance because policies affect resource use.
- D. Create an agreed decision-rights framework and include clinical leaders in its design.

11. During a system strategy session, a system is introducing a new electronic staffing platform. Leaders have communicated the reason for change but have not yet built local adoption. Which action best reflects effective change management?

- A. Create a coalition of sponsors, involve users, remove barriers, and reinforce early gains.
- B. Announce the launch date repeatedly without adapting the implementation plan.
- C. Wait for resistance to disappear before providing training or feedback channels.
- D. Measure only final adoption and avoid collecting information during implementation.

12. As a nurse executive enters a new role, a nurse executive is leading a cross-functional redesign with clinical, finance, information technology, and patient representatives. What project-control element is most essential at initiation?

- A. A detailed meeting calendar without a defined problem, scope, or accountable sponsor.
- B. A final evaluation report written before the project team begins its work.
- C. A list of desired technologies without criteria for selecting or rejecting them.
- D. A charter that defines scope, outcomes, sponsors, roles, assumptions, and decision boundaries.

13. While a health system integrates services, a major transformation includes regulatory, staffing, financial, and technology dependencies. Which project-management practice best helps the executive maintain oversight?

- A. Track only completed tasks because unresolved risks are too speculative to report.
- B. Maintain a risk register with owners, triggers, mitigation actions, and review dates.
- C. Assign every risk to the project manager regardless of its operational owner.
- D. Record risks once at kickoff and remove them from discussion after approval.

14. At an enterprise governance meeting, a promising director needs help navigating executive politics and long-term career choices, while a new manager needs feedback on a current leadership behavior. Which pairing is most accurate?

- A. Use coaching for the director's broad career development and mentoring for the manager's specific behavior.
- B. Use orientation for both needs because both leaders are new to their roles.
- C. Use mentoring for the director's career development and coaching for the manager's behavior.
- D. Use delegation for both needs because development should be self-directed.

15. After a major environmental shift, a nurse executive is identifying future leaders for critical system roles. Which succession-planning practice is strongest?

- A. Use transparent criteria, a diverse talent pipeline, development assignments, and contingency plans.
- B. Select successors privately based on personal similarity to the incumbent leader.
- C. Name one successor immediately and stop development planning after the designation.
- D. Wait until a vacancy occurs so potential successors are evaluated under pressure.

16. As competing priorities reach the cabinet, a senior leader repeatedly interrupts a project director during meetings, and the director has stopped raising concerns. Which coaching response is most appropriate?

- A. Discuss the leader's behavior publicly so the entire team can hold the leader accountable.
- B. Ignore the pattern because confronting senior leaders may damage the relationship.
- C. Send a general email about respectful communication without naming the observed pattern.
- D. Describe the observed behavior, its impact, and an agreed change using a private conversation.

17. During a shared-leadership review, two vice presidents disagree about who should sponsor an access-improvement initiative. Their stated positions conflict, but both want better outcomes. What negotiation move is best?

- A. Repeat each vice president's position until one agrees to withdraw the request.

- B. Ask the chief executive to choose a sponsor without examining the underlying interests.
- C. Explore underlying interests, then develop options that address shared outcomes and decision rights.
- D. Split sponsorship equally even if accountability and authority remain unclear.

18. While succession plans are evaluated, a systemwide task force has broad agreement on goals but cannot finalize a recommendation because several specialties feel unheard. Which facilitation strategy best supports consensus?

- A. Take a majority vote immediately so the group can move forward quickly.
- B. Surface dissenting concerns, identify nonnegotiables, and revise the proposal until members can support it.
- C. Ask the chair to write the final recommendation without further discussion.
- D. Avoid disagreement by removing the most controversial issue from the proposal.

19. Following a challenging stakeholder forum, a nurse executive is preparing to address staff concern about a new staffing model. Which communication technique is most likely to preserve trust?

- A. Use reassuring language that avoids discussing tradeoffs, limitations, or possible disruption.
- B. Release a detailed spreadsheet without explaining the decision's purpose or implications.
- C. State the rationale, acknowledge uncertainty, invite questions, and explain how feedback will affect next steps.
- D. Ask managers to communicate different explanations so each unit can tailor the message.

20. As the organization revisits its mission, during a tense meeting, a leader asks each party to restate the other party's concern before proposing solutions. Which communication skill is being used?

- A. Active listening that checks understanding before moving to problem solving.
- B. Persuasive framing that directs participants toward the leader's preferred solution.
- C. Avoidance that postpones discussion until emotions have completely disappeared.
- D. Competitive bargaining that treats the disagreement as a contest to be won.

21. During a system strategy session, a nurse executive must tell staff that a preferred project will be delayed because the organization lacks implementation capacity. Which message is most appropriate?

- A. Announce that the project is canceled without explaining whether the need has changed.
- B. Explain the capacity constraint, identify the decision criteria, and describe the revised review point.
- C. Blame the implementation team for failing to meet an unrealistic timeline.
- D. Continue promising the original date so enthusiasm is not lost.

22. As a nurse executive enters a new role, a system is evaluating stakeholders for a new care model. Which group should receive the highest early-engagement priority?

- A. Stakeholders with low influence and limited connection to the proposed work.
- B. Stakeholders selected only because they have the most convenient meeting schedules.
- C. Stakeholders who already agree with the executive sponsor's preferred design.
- D. Stakeholders with high influence and high impact on the model's success.

23. While a health system integrates services, a nurse executive is presenting a proposed virtual-nursing service to the finance committee. Which business-acumen element most strengthens the proposal?

- A. Present the service as worthwhile without identifying costs, assumptions, or expected outcomes.
- B. Connect the service's strategic need, projected costs, expected benefits, assumptions, and sensitivity to volume.
- C. Focus only on technology features because operational benefits will be self-evident.
- D. Use a single optimistic forecast and omit scenarios that could challenge the proposal.

24. At an enterprise governance meeting, a nursing division is comparing whether a new service will cover direct expenses and generate value. Which financial concept is most relevant to that decision?

- A. Headcount ratio, interpreted as a substitute for all financial analysis.
- B. Market share, interpreted as proof that the service will be sustainable.
- C. Utilization rate, interpreted without considering costs, outcomes, or reimbursement.
- D. Return on investment, interpreted alongside strategic, quality, and workforce benefits.

25. After a major environmental shift, a department's actual labor expense is above budget because vacancy coverage required premium shifts. What should the executive do first?

- A. Reduce staffing immediately by the variance amount, regardless of patient demand or risk.
- B. Ignore the variance because premium shifts are common during vacancies.
- C. Analyze the variance's cause, duration, controllability, and effect on service outcomes before choosing action.
- D. Replace the budget with actual spending without examining the operational driver.

26. As competing priorities reach the cabinet, a hospital's reimbursement model increasingly rewards outcomes and reduces payment for avoidable complications. What executive implication follows?

- A. Nursing strategy should link care processes, outcomes, documentation, and resource use to organizational value.
- B. Nursing leaders should focus only on increasing volume because volume always improves reimbursement.
- C. Clinical leaders should avoid financial discussions because reimbursement is a finance-only issue.
- D. The organization should measure cost without connecting it to patient outcomes or experience.

27. During a shared-leadership review, a proposed documentation redesign is expected to reduce duplicate work, but the savings will not appear as immediate cash. How should the executive frame the benefit?

- A. Describe measurable cost avoidance, workload relief, quality effects, and assumptions rather than claiming unverified savings.
- B. Reject the project because benefits that are not immediate cash cannot be considered.
- C. Report the projected savings as realized cash before the workflow has changed.
- D. Count every saved minute as a budget reduction regardless of staffing or demand.

28. While succession plans are evaluated, a capital request for an enterprise nurse-call system is being prepared. Which element is most important for executive review?

- A. A vendor brochure emphasizing features without operational, financial, or clinical assumptions.
- B. A business case linking safety, patient experience, lifecycle cost, alternatives, risks, and expected benefits.
- C. A purchase request based solely on another hospital's technology choice.
- D. A short proposal that excludes maintenance, implementation, training, and replacement costs.

29. Following a challenging stakeholder forum, a system's demand for specialized nurses varies with seasonal illness, referral patterns, and market competition. Which planning method best addresses that uncertainty?

- A. Use one fixed forecast and treat deviations as evidence of poor execution.
- B. Wait until demand changes before considering workforce or capacity responses.
- C. Use scenario planning with plausible assumptions, trigger points, and actions for different futures.
- D. Commit all resources to the highest-demand scenario without evaluating downside risk.

30. As the organization revisits its mission, a board dashboard contains dozens of indicators but does not distinguish strategic priorities from background data. What improvement is most useful?

- A. Add more indicators so every department can see at least one preferred measure.
- B. Remove targets because numerical thresholds can create pressure or disagreement.
- C. Present only current values because trends and ownership are management details.
- D. Limit the dashboard to decision-relevant measures with targets, trends, owners, and escalation thresholds.

31. During a system strategy session, a nurse executive is asked to represent the health system at a regional policy forum. Which preparation best supports effective external representation?

- A. Speak only from personal preference so the organization appears spontaneous and authentic.
- B. Clarify the organization's position, evidence, limits, stakeholders, and the authority to make commitments.
- C. Avoid discussing uncertainty because external audiences expect complete certainty.

D. Commit the organization to partnership actions before confirming internal authority or resources.

32. As a nurse executive enters a new role, a board committee asks why a quality goal has not been met. Which executive response best supports governance?

- A. Provide only the most recent data point to avoid distracting the committee with variation.
- B. Explain that frontline teams are responsible and that the board need not examine details.
- C. Delay reporting until the goal is achieved so the committee receives a positive update.
- D. Provide the trend, interpretation, corrective actions, accountable leaders, and the next review date.

33. While a health system integrates services, a systemwide initiative requires cooperation from departments that do not report to the nurse executive. Which influence strategy is most effective?

- A. Rely on the executive title to compel cooperation from every department.
- B. Offer no information until each department formally commits to the initiative.
- C. Build a coalition around shared outcomes, reciprocal value, credible evidence, and visible sponsorship.
- D. Escalate every disagreement immediately so leaders learn that resistance is costly.

34. At an enterprise governance meeting, a nurse executive wants to strengthen leadership resilience during prolonged organizational strain. Which action is most constructive?

- A. Model realistic prioritization, create recovery practices, and address structural workload and role ambiguity.
- B. Encourage leaders to work longer hours until the strain has passed.
- C. Offer resilience training without examining staffing, workload, or conflicting priorities.
- D. Tell leaders to remain positive and avoid discussing fatigue with their teams.

35. After a major environmental shift, a senior leader discovers that a favored program is producing weak results but has strong political support. Which response best reflects ethical leadership?

- A. Continue the program unchanged because political support is itself evidence of success.
- B. Disclose the evidence, reassess the program against agreed criteria, and protect stakeholders from avoidable harm.
- C. Suppress unfavorable data until the program has enough time to produce better results.
- D. End the program privately without explaining the evidence or transition plan.

36. As competing priorities reach the cabinet, a system wants managers to address recurring missed safety checks consistently. Which accountability approach is most appropriate?

- A. Punish the first individual involved without examining whether expectations and resources were clear.
- B. Ignore the pattern because focusing on accountability may reduce morale.
- C. Define the expected process, provide support, review performance, and use proportionate follow-up.
- D. Announce that all future errors will result in identical discipline regardless of context.

37. During a shared-leadership review, a nurse executive is deciding what to delegate to a regional director. Which principle should guide the decision?

- A. Transfer the task but retain all authority so the director remains dependent on the executive.
- B. Delegate the outcome without clarifying resources because accountability should create initiative.
- C. Keep the work at the executive level whenever it affects more than one hospital.
- D. Delegate authority with the responsibility, resources, boundaries, and follow-up needed for the outcome.

38. While succession plans are evaluated, a director learns that a proposed service may create a serious patient-safety risk if implemented on schedule. What is the nurse executive's best immediate action?

- A. Escalate the risk through the established governance path while pausing unsafe implementation decisions.
- B. Allow implementation to continue so the project timeline is not disrupted.
- C. Wait for a formal incident to occur before bringing the concern forward.
- D. Ask the director to manage the risk privately without documenting the issue.

39. Following a challenging stakeholder forum, a health system has many promising innovation proposals but limited capacity to implement them. Which portfolio decision process is strongest?

- A. Select proposals based primarily on which sponsor has the highest organizational rank.
- B. Approve every proposal and expect local teams to compete for implementation capacity.
- C. Choose the least expensive proposals without considering outcomes or strategic relevance.
- D. Prioritize proposals by strategic fit, patient value, feasibility, risk, equity, and capacity requirements.

40. As the organization revisits its mission, a transformation is on schedule, but early deliverables are not translating into the expected operational benefits. What should the executive review next?

- A. Declare success because milestones were completed on time and within budget.
- B. Add more project tasks without testing whether the intended benefits are still plausible.
- C. Examine benefit-realization assumptions, adoption, workflow effects, outcome measures, and accountable owners.
- D. Wait until the final project closeout to assess whether benefits are occurring.

41. During a system strategy session, two committees both believe they can approve the same systemwide policy. What governance correction is most useful?

- A. Clarify the policy's decision owner, required consultation, escalation route, and exception authority.
- B. Let both committees approve the policy independently and reconcile differences afterward.
- C. Give final authority to the committee that meets more frequently.
- D. Remove the policy from governance review so operational leaders can decide informally.

42. As a nurse executive enters a new role, after several initiatives launch simultaneously, managers report that staff are disengaging from change efforts. Which response best addresses change fatigue?

- A. Increase the number of mandatory updates so staff hear the message more often.
- B. Sequence priorities, stop low-value work, explain tradeoffs, and protect time for adoption.
- C. Assure staff that fatigue is temporary while keeping every initiative active.
- D. Ask each department to absorb the workload without changing deadlines or priorities.

43. While a health system integrates services, a strategic goal calls for better transitions across hospitals, but the proposed measures focus only on individual unit overtime. What should the executive do?

- A. Keep the overtime measures because every department should use its existing data.
- B. Drop measurement until a single perfect transition measure becomes available.
- C. Realign the measures to the strategic outcome and add indicators that span the transition process.
- D. Use only the number of transition meetings because activity is easier to count.

44. At an enterprise governance meeting, a system's mission emphasizes equitable, safe, person-centered care, but a proposed strategy rewards speed without monitoring outcomes. Which leadership action is best?

- A. Test the strategy against the mission and add safeguards for safety, equity, experience, and outcomes.
- B. Approve the strategy because speed is always the best proxy for efficiency.
- C. Rewrite the mission to match the strategy so the plan appears aligned.
- D. Measure only the number of patients served because access makes other measures unnecessary.

45. After an intervention fails to improve results, a hospital wants to distinguish external accreditation from government payment requirements. Which statement is most accurate?

- A. Accreditation and regulation are identical because both use the same survey process.
- B. Accreditation evaluates standards through an accrediting body, while regulatory requirements may determine legal or payment compliance.
- C. Accreditation is optional in every setting and has no relationship to organizational oversight.
- D. Regulatory agencies evaluate only employee satisfaction and do not examine patient safety.

46. During a safety-culture rounding session, a health system is revising its emergency operations plan after identifying a high probability of severe flooding. What should guide the plan's priorities?

- A. A generic plan copied from another organization without local hazard or capability assessment.

- B. A list of supplies purchased before the organization identifies likely response functions.
- C. A communications plan that excludes clinical operations, staffing, and resource coordination.
- D. A hazard vulnerability analysis linked to capabilities, likely impacts, and required response actions.

47. While a clinical standard is reconsidered, during a multi-agency emergency, which structure best supports coordinated incident management?

- A. Allow each department to create its own command structure and communicate when convenient.
- B. Place all response decisions with one clinical leader regardless of operational expertise.
- C. Suspend role clarity so teams can respond spontaneously to changing conditions.
- D. Use an incident command system with defined roles, scalable functions, and a common operating picture.

48. After a handoff defect is escalated, a hospital is preparing for a respiratory surge that may exceed bed and staffing capacity. Which planning action is most important?

- A. Open additional beds immediately without confirming staffing, equipment, or infection-control capability.
- B. Define escalation triggers, cohorting options, staffing contingencies, supply thresholds, and communication pathways.
- C. Wait until all beds are full before activating surge procedures.
- D. Focus only on bed count because staffing and supplies can be addressed afterward.

49. As a network expands into new locations, a high-reliability organization is reviewing a small increase in medication near misses. Which response best reflects preoccupation with failure?

- A. Examine the near misses for weak signals and strengthen defenses before serious harm occurs.
- B. Dismiss the events because no patient was harmed and the rate remains low.
- C. Wait for a sentinel event before investing in process or technology changes.
- D. Celebrate the low harm rate and close the review to preserve staff confidence.

50. During a resilience-planning discussion, a review team is told not to question a respected clinician's explanation for a recurring delay. Which high-reliability principle is being neglected?

- A. Sensitivity to operations by focusing only on current frontline conditions.
- B. Deference to expertise by inviting the most knowledgeable person to speak first.
- C. Reluctance to simplify by continuing to examine complexity and alternative explanations.
- D. Commitment to resilience by rehearsing recovery after the delay occurs.

51. After a preventable event is reported, a sudden staffing disruption is causing a unit to deviate from its usual process. Which high-reliability behavior should leaders emphasize?

- A. Remain sensitive to operations by monitoring what is happening in real time and adapting safely.
- B. Focus on written policy compliance without observing the current operational conditions.
- C. Simplify the situation by assuming the usual staffing pattern still applies.
- D. Delay all decisions until a complete post-event report is available.

52. During a quality tracer review, a technical problem is affecting medication delivery, and the most experienced bedside pharmacist has the clearest understanding of the workaround. Which response reflects high reliability?

- A. Require the incident commander to make the technical decision without consulting the pharmacist.
- B. Defer to the person with relevant expertise while preserving clear command and communication.
- C. Ask every staff member to develop a separate workaround without coordination.
- D. Choose the most senior person's opinion even if it is unrelated to the problem.

53. As safety results are examined by population, a nurse unintentionally bypasses a barcode scan during a complex admission. There is no harm, but the unit's workflow makes scanning difficult. Which just-culture response is best?

- A. Apply the same punitive sanction used for reckless conduct regardless of context.
- B. Ignore the event because no patient was harmed and the scan was eventually completed.
- C. Publicly identify the nurse so peers will be deterred from similar behavior.

D. Assess system design, behavioral choices, and risk before selecting a proportionate response.

54. While a reliability team tests a control, a serious fall occurred despite multiple prevention policies. What is the primary purpose of a root cause analysis?

- A. Determine which individual should receive the greatest blame for the outcome.
- B. Create a narrative that confirms the policy was adequate and implementation was the problem.
- C. Identify system contributors and redesign defenses so the event is less likely to recur.
- D. Estimate the financial cost of the fall before examining care processes.

55. After an intervention fails to improve results, a system is considering several ways to prevent wrong-patient treatment before any event occurs. Which method is most appropriate?

- A. Retrospective root cause analysis performed after a patient has been harmed.
- B. A patient-satisfaction survey that measures experience after the care encounter.
- C. A financial variance review that compares projected and actual spending.
- D. Failure mode and effects analysis that anticipates failures, effects, causes, and controls.

56. During a safety-culture rounding session, a regulator requires a hospital to correct a medication-storage deficiency. Which plan-of-correction element is strongest?

- A. Promise that leaders will remind staff to be more careful in the future.
- B. Close the finding after the policy is emailed without verifying practice change.
- C. State the corrective action, responsible owner, completion evidence, monitoring method, and sustainability check.
- D. Assign responsibility broadly to all employees without defining an accountable leader.

57. While a clinical standard is reconsidered, a unit has completed education after a documentation finding. What evidence best demonstrates that the corrective plan is effective?

- A. Attendance records alone showing that staff received the education.

- B. Audit subsequent practice against a defined target and review results over time.
- C. A leader's statement that staff understood the expectation after the meeting.
- D. A new policy date without evidence that the workflow or behavior changed.

58. After a handoff defect is escalated, a hospital compares its pressure-injury rate with a national database. Which interpretation is most defensible?

- A. Check definitions, case mix, data quality, and time period before drawing conclusions from the benchmark.
- B. Assume the hospital is inferior if its unadjusted rate is higher than the database rate.
- C. Treat the benchmark as a target that requires identical processes in every setting.
- D. Ignore local trends because external comparisons are more objective than internal data.

59. As a network expands into new locations, a run chart shows a sustained shift in the median of a safety measure after a process redesign. What should the team conclude first?

- A. The redesign caused the improvement with certainty, regardless of other changes occurring at the same time.
- B. The measure is invalid because run charts cannot display meaningful process changes.
- C. The result should be ignored until a randomized trial is completed.
- D. The process may have changed, and the team should investigate whether the shift is real and sustained.

60. During a resilience-planning discussion, a control chart shows a single point beyond the established upper control limit. What is the most appropriate response?

- A. Adjust the control limits immediately so the point no longer appears unusual.
- B. Treat the point as routine variation and continue without examining the process.
- C. Investigate for a special cause before changing the process or recalculating limits.
- D. Redesign the entire process before determining what happened at that time.

61. After a preventable event is reported, a hospital compares mortality across services with markedly different patient acuity. Which analytic practice improves fairness?

- A. Rank services by unadjusted mortality and treat the ranking as a complete quality judgment.
- B. Use risk adjustment and examine whether the model and data adequately represent the populations served.
- C. Exclude complex patients so every service has a similar population.
- D. Replace outcome measures with staff opinion because outcomes are difficult to compare.

62. During a quality tracer review, which measure is a process measure for a sepsis-improvement initiative?

- A. The proportion of patients who survive hospitalization after sepsis treatment.
- B. The proportion of eligible patients receiving the required reassessment within the specified workflow.
- C. The average patient-reported confidence in the hospital's emergency response.
- D. The total cost of the sepsis program during the fiscal year.

63. As safety results are examined by population, a nurse executive begins an evidence-based practice project with a focused clinical question. Which structure best helps frame the question?

- A. PICO: population, intervention, comparison, and outcome.
- B. SWOT: strengths, weaknesses, opportunities, and threats.
- C. RACI: responsible, accountable, consulted, and informed.
- D. DMAIC: define, measure, analyze, improve, and control.

64. While a reliability team tests a control, a leadership team is appraising a study before changing a systemwide nursing protocol. Which question is most important?

- A. Assess the study's design, bias, applicability, consistency, and fit with the local decision.
- B. Ask whether the article's conclusion is stated confidently and uses technical language.
- C. Choose the study with the largest sample without examining methods or relevance.
- D. Adopt the recommendation immediately because peer review guarantees local applicability.

65. After an intervention fails to improve results, a team is deciding how much confidence to place in a single observational study before changing practice. Which principle is best?

- A. Treat any published study as conclusive if the result supports the desired change.
- B. Reject the study automatically because observational research can never inform practice.
- C. Give the study more weight than local outcome data because it was conducted elsewhere.
- D. Consider the study within the broader body of evidence and its limitations rather than using it alone.

66. During a safety-culture rounding session, a unit is testing a new bedside escalation process on one shift before expanding it. Which improvement method is being used?

- A. FMEA: rank anticipated failures before any process is tested.
- B. RCA: reconstruct the causes of a completed adverse event.
- C. PDSA: plan the test, do it on a small scale, study results, and act on learning.
- D. SWOT: compare internal strengths with external opportunities.

67. While a clinical standard is reconsidered, a Lean review finds that nurses repeatedly wait for missing supplies before completing a time-sensitive process. Which waste is most directly present?

- A. Overproduction caused by creating more supplies than the process requires.
- B. Waiting caused by unreliable flow and an avoidable process constraint.
- C. Defect caused by an incorrect clinical decision made by a nurse.
- D. Transportation caused by moving patients between care locations.

68. After a handoff defect is escalated, a quality team is improving a process through define, measure, analyze, improve, and control phases. Which methodology is being applied?

- A. PDSA, a rapid-cycle method that does not use measurement or control activities.
- B. FMEA, a method used only after harm has occurred.
- C. DMAIC, a structured method for reducing variation and sustaining process improvement.

D. Balanced scorecard, a governance tool for setting organizationwide strategy.

69. As a network expands into new locations, a falls project improves fall rates but increases staff injuries because prevention tasks require awkward lifting. Which measure should leaders add?

- A. A second outcome measure that repeats the fall rate using a different graph.
- B. A process measure that counts the number of fall-prevention posters displayed.
- C. A financial measure that excludes labor because labor is part of implementation.
- D. A balancing measure that detects unintended effects on staff safety and workload.

70. During a resilience-planning discussion, a quality measure looks acceptable overall, but leaders suspect inequity among language groups. What analytic step is most appropriate?

- A. Stratify the data by relevant patient characteristics and examine differences in access and outcomes.
- B. Combine all patients into one average so the overall rate remains stable.
- C. Remove language status because it may make the organization look inequitable.
- D. Compare only the highest-performing group with the systemwide average.

71. After a preventable event is reported, a medication-error rate varies randomly around its baseline, with no evidence of a sustained shift or unusual point. What should the team do first?

- A. Continue monitoring the stable process while seeking common-cause improvement opportunities.
- B. Treat every fluctuation as a special cause requiring immediate redesign.
- C. Change the control limits after each routine variation in the data.
- D. Declare the process perfect because no unusual variation is visible.

72. During a quality tracer review, a patient dies after a delayed escalation, and leaders immediately begin a formal review. Which action should occur alongside the review?

- A. Wait until the review is complete before communicating with the family or affected staff.
- B. Delete informal notes so the formal review contains only verified information.

- C. Focus exclusively on disciplinary decisions before assessing whether the risk remains active.
- D. Support the patient's family and staff, preserve relevant information, and stabilize any immediate safety risk.

73. As safety results are examined by population, a nurse notices a mislabeled specimen before it reaches the laboratory. Which safety response is most valuable?

- A. Do not report it because no patient was affected and the label was corrected.
- B. Report only the staff member involved so the event is not discussed broadly.
- C. Report the near miss and examine the process so similar errors can be prevented.
- D. Wait for a repeated event before devoting resources to process review.

74. While a reliability team tests a control, a daily safety huddle is being redesigned. Which feature best supports its purpose?

- A. A lengthy meeting that reviews every historical incident in chronological order.
- B. A brief, structured review of current risks, capacity, planned mitigations, and needed escalation.
- C. A disciplinary conference focused on naming employees who made mistakes.
- D. A celebration meeting that avoids discussing operational concerns to protect morale.

75. After an intervention fails to improve results, a handoff redesign is being considered after repeated omissions during transfers. Which intervention is most reliable?

- A. Require a memorized script that prevents questions or discussion during the handoff.
- B. Let each clinician choose any format so communication remains personally comfortable.
- C. Standardize critical content while allowing clinicians to clarify exceptions and concerns.
- D. Add more documentation fields without testing whether the information is used.

76. During a safety-culture rounding session, a team receives monthly audit feedback but performance does not improve. What should the executive examine first?

- A. Whether feedback is timely, specific, actionable, trusted, and connected to resources and accountability.
- B. Increase the audit sample without changing how findings are communicated or acted upon.
- C. Stop auditing because unchanged performance proves measurement is ineffective.
- D. Publish individual rankings so staff feel pressure to improve quickly.

77. While a clinical standard is reconsidered, a successful hand-hygiene improvement has reached its target. Which action best supports sustainability?

- A. End measurement immediately so the team can redirect all resources elsewhere.
- B. Embed the new process in orientation, workflow design, measurement, leadership review, and feedback routines.
- C. Rely on the original project champion to remind staff indefinitely.
- D. Assume the result will persist because the initial intervention was popular.

78. After a handoff defect is escalated, a medication process has several errors despite competent staff and clear policies. Which human-factors intervention is most likely to help?

- A. Add another warning memo requiring staff to remember every exception.
- B. Increase disciplinary consequences without changing equipment, layout, or workflow.
- C. Ask staff to work faster so the process creates fewer opportunities for delay.
- D. Redesign the system to make the safe action easier and the unsafe action more difficult.

79. As a network expands into new locations, an RCA team concludes that a nurse's inattention was the sole cause of a recurring documentation problem. What should the executive ask next?

- A. Whether the nurse should be removed from the unit before any additional review.
- B. Whether the report can be shortened by deleting factors not directly caused by the nurse.
- C. Whether recurring problems should be accepted because staff attention cannot be controlled.
- D. What system conditions, workflow pressures, interfaces, and defenses allowed the problem to recur?

80. After a workplace hazard is identified, a qualified nurse requests a schedule adjustment because of a documented disability. What should the leader do first?

- A. Engage in an individualized, documented process to understand limitations and possible reasonable accommodations.
- B. Deny the request immediately because all staff must have identical schedules.
- C. Approve the exact request without assessing essential functions or operational feasibility.
- D. Ask coworkers to decide whether the request seems fair before involving the employee.

81. During annual workforce planning, a manager is unsure whether an employee's requested adjustment is related to a medical limitation. Which response is most appropriate?

- A. Ask the employee's peers to verify the medical information informally.
- B. Consult the employee and human resources through the established interactive process while protecting confidentiality.
- C. Require the employee to disclose diagnosis details to the entire management team.
- D. Ignore the request until the employee provides a solution that requires no operational change.

82. After employee feedback identifies mistrust, a unit reports a recurring exposure hazard involving a cleaning chemical. What is the nurse executive's best workforce-safety action?

- A. Tell staff to be more careful while leaving the chemical, workflow, and equipment unchanged.
- B. Wait for an injury before investing in engineering or administrative controls.
- C. Ensure the hazard is assessed, controlled through the hierarchy of controls, and reported through the safety system.
- D. Move the task to temporary staff so permanent employees are less likely to be affected.

83. While an executive position is redesigned, a nurse executive is designing a workplace-violence prevention program. Which combination is most complete?

- A. Risk assessment, environmental controls, training, reporting, response procedures, and post-event support.

- B. A warning sign at the entrance and a policy that assigns prevention to security alone.
- C. A mandatory de-escalation class without reporting, environmental, or leadership controls.
- D. A disciplinary policy focused on employees who report aggressive behavior.

84. During a labor partnership discussion, a hiring screen uses a neutral physical test that disproportionately excludes one protected group. What should leaders evaluate?

- A. Keep the test unchanged because neutral wording makes its effect irrelevant.
- B. Remove all selection criteria so applicants are treated exactly the same.
- C. Use the test only for candidates from the affected group to compare performance.
- D. Whether the requirement is job-related and necessary, and whether a less discriminatory alternative exists.

85. As leadership development is refreshed, a department head says an experienced nurse should retire because the nurse is older than the rest of the team. What is the best executive response?

- A. Support the suggestion because retirement will create an opportunity to recruit younger staff.
- B. Ask the nurse to prove continued capability through a special test not used for peers.
- C. Reject age-based assumptions and evaluate performance, conduct, and role requirements using consistent criteria.
- D. Move the nurse to a less visible role without documenting a performance-related reason.

86. After a staff member reports misconduct, a new graduate has completed orientation, but the organization has not yet confirmed the nurse can safely perform a high-risk procedure. What should occur before independent assignment?

- A. Treat completion of orientation as proof of competence for every procedure.
- B. Validate competency through direct observation and documented performance against defined standards.
- C. Allow independent practice because the nurse has performed the skill in school.
- D. Ask the preceptor to provide an informal verbal assurance without documentation.

87. While staffing assumptions are reexamined, a leader is reviewing whether a nurse may perform a task under organizational policy and local regulation. Which principle should guide the decision?

- A. Assume the task is permitted because another department allows it.
- B. Permit the task whenever staffing is short, regardless of competence or authorization.
- C. Confirm education, demonstrated competence, role authorization, and applicable scope-of-practice requirements.
- D. Use the nurse's job title as the only evidence that the task is appropriate.

88. During a mentoring and succession conference, a preceptor is assigned to a nurse transitioning into a complex specialty. Which responsibility is most appropriate for the preceptor?

- A. Support learning, observe practice, provide feedback, and escalate concerns about readiness.
- B. Assume permanent responsibility for the nurse's clinical decisions after orientation ends.
- C. Evaluate only technical tasks and ignore communication, judgment, and professional behavior.
- D. Avoid documenting concerns so the transition remains supportive and nonpunitive.

89. As the organization builds its talent pipeline, a health system is allocating professional-development funds during a period of constrained resources. Which approach is most equitable?

- A. Allocate funds first to leaders who request them most frequently.
- B. Reserve funds for employees who already have the strongest professional networks.
- C. Give every department the same amount without considering workforce needs or opportunity gaps.
- D. Use transparent criteria tied to strategic needs, role requirements, access, performance, and development goals.

90. After a workplace hazard is identified, a unit's education plan offers the same examples and scheduling options to every employee, but participation is much lower among night-shift and international staff. What should the executive do?

- A. Assume the lower participation reflects a lack of motivation among those groups.
- B. Examine structural barriers and redesign access, examples, and delivery with affected staff.

- C. Require attendance at the existing sessions without changing schedule or content.
- D. Cancel the program because equal availability should have produced equal participation.

91. During annual workforce planning, a recruitment team wants to broaden the applicant pool for executive nursing roles. Which strategy is most likely to improve inclusion?

- A. Rely on informal referrals because leaders can recognize talent through personal networks.
- B. Use diverse outreach channels, structured selection criteria, and consistent evaluation with monitored outcomes.
- C. Remove structure from interviews so each candidate can be assessed intuitively.
- D. Advertise broadly but keep the selection criteria private until interviews begin.

92. After employee feedback identifies mistrust, employees doing substantially similar work report unexplained differences in pay across demographic groups. What should leaders do first?

- A. Conduct a structured pay-equity review using job responsibilities, qualifications, performance, and legitimate market factors.
- B. Explain that differences are acceptable because compensation decisions are confidential.
- C. Adjust salaries randomly until group averages appear equal without examining job factors.
- D. Ask employees to negotiate individually so the organization does not need a formal review.

93. While an executive position is redesigned, a workforce survey shows low trust, frequent incivility, and fear of speaking up. Which intervention should the nurse executive prioritize?

- A. Launch a morale campaign that emphasizes positivity without addressing reported behavior.
- B. Ask employees to resolve incivility privately so leadership does not become involved.
- C. Replace the survey with a new instrument so the organization can avoid negative results.
- D. Establish behavioral expectations, leader accountability, reporting pathways, and visible follow-through on concerns.

94. During a labor partnership discussion, engagement scores are low because staff believe surveys produce no visible change. What is the best executive action?

- A. Administer the survey more often before leaders take any action.
- B. Promise that every concern will be fixed immediately regardless of feasibility.
- C. Share findings, prioritize a few actions with owners and timelines, and report progress back to staff.
- D. Stop surveying because low participation suggests staff are not interested in improvement.

95. As leadership development is refreshed, a nurse reports exhaustion, detachment, and reduced effectiveness after prolonged understaffing. Which leadership response is most appropriate?

- A. Offer a resilience handout and close the issue unless the nurse requests leave.
- B. Remind the nurse that professional commitment requires tolerating the workload.
- C. Move the nurse to another unit without investigating whether the same conditions exist there.
- D. Provide immediate support while addressing workload, staffing, recovery, and work-design conditions.

96. After a staff member reports misconduct, a staff member reports an error and asks whether disclosure will lead to automatic discipline. Which response best supports just culture?

- A. Promise that no consequence is possible before facts and behavior have been assessed.
- B. Warn the person that reporting errors may affect future advancement.
- C. Thank the person for reporting, assess the behavior and system context, and explain the fair review process.
- D. Tell the person to discuss the event only with the immediate supervisor.

97. While staffing assumptions are reexamined, a system is replacing fixed nurse-to-patient assignments with a model that uses demand, patient complexity, and available expertise. What should leaders monitor?

- A. Patient outcomes, workload, staffing stability, staff experience, and unintended effects after implementation.
- B. Only the number of patients assigned because assignment counts are easy to compare.
- C. Only labor cost because staffing models exist primarily to reduce expense.

D. Only staff preference because clinical outcomes will follow preference automatically.

98. During a mentoring and succession conference, a hospital is deciding whether to expand an acuity-based staffing system. Which evidence is most useful before expansion?

A. Assume the model is valid because it produces different staffing numbers than the old method.

B. Validate the acuity method, compare predicted workload with outcomes, and assess reliability across units.

C. Expand everywhere immediately so local differences do not complicate evaluation.

D. Use the model's output without checking whether documentation accurately reflects patient needs.

99. As the organization builds its talent pipeline, a nurse executive is evaluating the use of a centralized float pool. Which design feature best supports safe deployment?

A. Send float nurses wherever a vacancy exists without checking specialty competence.

B. Define competencies, orientation requirements, assignment limits, escalation pathways, and feedback loops.

C. Treat every float nurse as interchangeable because all hold the same license.

D. Avoid tracking float assignments so the pool remains flexible and low-administration.

100. After a workplace hazard is identified, staff perceive weekend scheduling as unfair even though the schedule meets coverage requirements. What should the executive do?

A. Tell staff that fairness is irrelevant because the schedule meets the staffing requirement.

B. Rotate assignments randomly without reviewing whether burdens are actually distributed equitably.

C. Allow each manager to use personal judgment without common criteria or documentation.

D. Review transparent scheduling criteria, workload distribution, preferences, exceptions, and the process for resolving disputes.

101. During annual workforce planning, a professional practice council is inactive and staff say it has no influence on decisions. Which redesign is most effective?

- A. Clarify the council's charter, decision scope, membership, data access, feedback route, and executive response.
- B. Disband the council and replace it with a suggestion box managed by executives.
- C. Invite more members without clarifying authority, priorities, or how recommendations are used.
- D. Require monthly meetings focused on announcements rather than practice decisions.

102. After employee feedback identifies mistrust, a nurse executive is reviewing whether a clinician may perform a specialized procedure independently. Which governance process is most relevant?

- A. Annual performance appraisal alone because appraisal covers all professional decisions.
- B. Informal peer approval without documentation because the procedure is rarely needed.
- C. Credentialing and privileging based on verified qualifications, competence, and defined practice privileges.
- D. Job classification alone because the clinician's title implies authorization.

103. While an executive position is redesigned, a manager begins a performance-improvement plan for a leader who has missed documented role expectations despite prior coaching. Which element is essential?

- A. Specific expectations, support, measurable checkpoints, a reasonable timeline, and consequences if improvement does not occur.
- B. A general statement that the leader should show a better attitude immediately.
- C. A private plan with no measures so the leader can define success personally.
- D. A list of past concerns without resources, follow-up dates, or an opportunity to respond.

104. During a labor partnership discussion, a manager is considering discipline after repeated lateness. What should occur before a final decision?

- A. Apply the harshest consequence so other employees understand that lateness is unacceptable.
- B. Ignore the pattern because discipline could reduce engagement during a staffing shortage.
- C. Review policy, facts, consistency, prior coaching, mitigating circumstances, and proportionality with human resources.
- D. Compare the employee only with the highest-performing staff member rather than similar cases.

105. As leadership development is refreshed, a retention program is popular with executives but has not reduced turnover among early-career nurses. What should leaders examine next?

- A. Continue the program unchanged because popularity demonstrates that it is effective.
- B. Replace the retention target with participation because participation is easier to improve.
- C. End all retention efforts because turnover is influenced by factors leaders cannot control.
- D. Segment turnover data, identify the workforce problem, and test whether the intervention reaches the intended group.

106. After a staff member reports misconduct, a system has one highly visible candidate for a future executive vacancy but no ready alternatives. What should the current leader do?

- A. Name the visible candidate now so other leaders do not compete for the role.
- B. Build a broader succession slate and develop multiple candidates against transparent readiness criteria.
- C. Keep the vacancy plan confidential to avoid creating expectations among staff.
- D. Wait until the incumbent leaves because early succession planning can seem disloyal.

107. After patient advisers identify a barrier, a health system is redesigning primary care around coordinated teams, comprehensive access, prevention, and long-term relationships. Which model best fits?

- A. A patient-centered medical home emphasizing coordinated, accessible, comprehensive care.
- B. A fragmented episodic model that transfers responsibility between unrelated departments.
- C. A production model that measures visits without coordinating patient needs across settings.
- D. A specialty-only model that limits care coordination to referral completion.

108. While emergency continuity plans are exercised, a nurse executive is expanding telehealth for rural patients. Which evaluation approach is most appropriate?

- A. Measure visit volume alone because more virtual visits demonstrate success.

- B. Assess access, patient experience, clinical outcomes, privacy, workflow, equity, and technology reliability.
- C. Evaluate only clinician satisfaction because clinicians determine whether telehealth is useful.
- D. Launch the platform systemwide before testing connectivity, workflow, or patient support.

109. During a clinical-technology governance review, a health system wants to improve the pipeline of nurses prepared for future community needs. Which strategy is strongest?

- A. Recruit internationally as the only long-term solution regardless of community priorities.
- B. Offer a one-time career fair without education pathways, mentorship, or retention planning.
- C. Partner with schools and communities, provide clinical pathways, support retention, and monitor workforce outcomes.
- D. Increase enrollment targets without assessing faculty, clinical placement, or employment capacity.

110. As a care-learning cycle is launched, a patient with decision-making capacity refuses a recommended procedure after receiving understandable information. Which ethical principle most directly supports honoring the decision?

- A. Beneficence, which allows clinicians to override any decision they believe is unwise.
- B. Justice, which requires every patient to accept the same recommended treatment.
- C. Fidelity, which requires the nurse executive to keep the procedure schedule unchanged.
- D. Respect for autonomy, including the patient's right to make an informed refusal.

111. During a patient-journey redesign, a nurse executive is deciding whether to continue a program that has clear burdens but prevents serious harm for a vulnerable population. Which ethical principle is most directly implicated?

- A. Beneficence, balanced with nonmaleficence, autonomy, justice, and proportionality.
- B. Veracity alone, because accurate information resolves every ethical conflict.
- C. Confidentiality alone, because privacy is the primary concern in all programs.
- D. Utility alone, because the largest numerical benefit always determines the ethical choice.

112. As digital care is incorporated, a new service is available only at one flagship hospital, creating long travel distances for low-income patients. Which ethical concern should be prioritized?

- A. Fidelity, because the flagship hospital promised to protect its market position.
- B. Autonomy, because travel distance eliminates every patient's ability to choose.
- C. Justice, because access and burdens may be distributed inequitably across populations.
- D. Nonmaleficence, because unequal access is never related to resource allocation.

113. After a referral gap is discovered, a nurse executive is developing a policy for communicating a patient's prognosis to family members. Which ethical and professional value is most directly involved when information is shared accurately and respectfully?

- A. Paternalism, which permits leaders to decide how much truth families should receive.
- B. Veracity, supported by confidentiality, informed participation, and respect for the patient's preferences.
- C. Efficiency, which allows information to be shared with anyone who requests it.
- D. Competition, which encourages disclosure to demonstrate the system's superior performance.

114. While a decision-support tool is reviewed, a team faces a conflict about continuing treatment when the patient's goals and family requests differ. Which organizational resource is most appropriate?

- A. A marketing committee that selects the option most likely to improve public perception.
- B. A finance committee that chooses the option with the lowest resource use.
- C. An informal vote of available staff without patient, family, or policy context.
- D. An ethics consultation that facilitates values clarification, communication, and ethically reasoned options.

115. During an ethics consultation, a nurse executive hears staff describe moral distress related to repeated barriers to providing appropriate care. What is the best organizational response?

- A. Create safe forums for discussion, address the structural barriers, and provide ethics and leadership support.

- B. Tell staff that moral distress is a personal resilience issue outside executive responsibility.
- C. Move distressed staff away from the situation without evaluating the care system.
- D. Ask staff to suppress concerns until the organization can eliminate every barrier.

116. As a transition-of-care pathway grows, a system wants to translate research on nurse-led transition coaching into routine practice. Which first implementation step is most appropriate?

- A. Adopt the published intervention unchanged because fidelity means no local adaptation.
- B. Assess local context, readiness, evidence fit, resources, stakeholders, and adaptations needed for the setting.
- C. Skip stakeholder engagement so implementation remains objective and academically pure.
- D. Scale the intervention immediately before testing feasibility, outcomes, or workflow effects.

117. After patient advisers identify a barrier, a staff meeting begins with a nurse asking, “Why do we continue this step if it does not improve the patient’s experience?” Which leadership response best supports a spirit of inquiry?

- A. Dismiss the question because the process has been used for many years.
- B. Tell the nurse to raise concerns only after finding a complete replacement process.
- C. Thank the nurse, define the question, review available evidence, and invite a structured test or investigation.
- D. Defend the step immediately so the team does not interpret questions as opposition.

118. While emergency continuity plans are exercised, a patient-outcome dashboard shows improved average length of stay but worsening outcomes for patients with complex social needs. What should the executive do?

- A. Celebrate the average improvement and remove complex cases from the dashboard.
- B. Reverse the intervention immediately without examining which components created benefit or harm.
- C. Use only length of stay because social factors are outside health-care accountability.
- D. Stratify outcomes, examine the care process and access barriers, and redesign the intervention with affected stakeholders.

119. During a clinical-technology governance review, a hospital compares readmission rates among services with different referral populations and socioeconomic conditions. Which executive interpretation is most appropriate?

- A. Rank services solely by unadjusted rates and assign improvement targets from that order.
- B. Assume higher readmissions prove that the service's clinicians are less competent.
- C. Exclude patients with social risk factors so comparisons appear more uniform.
- D. Use risk-adjusted and stratified analysis while examining care transitions and structural access factors.

120. As a care-learning cycle is launched, a patient-experience survey shows that discharge instructions are understandable, but patients do not know whom to call after leaving. Which improvement is most patient-centered?

- A. Add more written pages so all possible questions are covered in the packet.
- B. Assume patients can find the correct contact through the hospital website.
- C. Co-design a clear post-discharge contact pathway with patients and test whether it works across access needs.
- D. Measure only whether staff handed over the instructions, not whether patients can use them.

121. During a patient-journey redesign, a health system is evaluating an AI tool that predicts clinical deterioration. Which governance question is most important before deployment?

- A. How accuracy, bias, explainability, workflow fit, human oversight, and escalation responsibilities will be managed.
- B. Whether the vendor's interface is attractive enough to encourage immediate adoption.
- C. Whether the tool can replace clinical judgment so staffing costs can be reduced.
- D. Whether the model performs well in the vendor's dataset without local validation.

122. As digital care is incorporated, a new digital platform produces different patient identifiers in two hospitals. Which interoperability concern is most directly present?

- A. A shortage of clinical staff caused by an inaccurate workforce forecast.
- B. Failure of systems to exchange and consistently interpret patient identity and related data.
- C. A patient-experience concern caused by a longer waiting-room survey.
- D. A reimbursement problem caused by choosing a value-based payment model.

123. After a referral gap is discovered, a health system is implementing cybersecurity controls after a ransomware incident. Which leadership action should occur first?

- A. Continue normal system use until the investigation identifies the responsible person.
- B. Protect critical operations, activate the incident response plan, preserve evidence, and coordinate communication.
- C. Erase affected systems immediately without preserving evidence or documenting decisions.
- D. Allow each department to communicate separately so leaders can act quickly.

124. While a decision-support tool is reviewed, a predictive model performs well overall but poorly for a small racialized patient group. What should the executive do?

- A. Deploy the model because overall accuracy is high and subgroup results are secondary.
- B. Remove the subgroup from evaluation so the overall performance statistic remains stable.
- C. Use the model only for the affected group so bias can be monitored informally.
- D. Pause or limit deployment while investigating bias, data quality, impact, and mitigation options.

125. During an ethics consultation, a clinical decision-support system generates frequent low-value alerts, and clinicians begin ignoring all alerts. Which risk is most concerning?

- A. Improved interoperability because more notifications indicate stronger communication.
- B. Increased autonomy because clinicians can choose which alerts to acknowledge.
- C. Alert fatigue that reduces attention to important signals and weakens the safety system.
- D. Lower cybersecurity risk because alerts make system activity more visible.

126. As a transition-of-care pathway grows, the electronic health record becomes unavailable during a planned maintenance window. Which preparation best protects care delivery?

- A. Use a tested downtime plan with paper or alternate workflows, access to critical information, and reconciliation steps.
- B. Tell staff to delay all nonemergency care until the system returns.
- C. Assume staff will remember downtime procedures because the policy is posted online.
- D. Create separate local workarounds without a plan for restoring and reconciling data.

127. After patient advisers identify a barrier, a new mobile documentation tool is technically reliable but rarely used correctly at the bedside. Which evaluation domain should leaders examine?

- A. Purchase additional features before understanding why the current workflow is failing.
- B. Assume nonuse reflects resistance because the tool meets its technical specification.
- C. Measure only uptime because technical reliability proves the tool is effective.
- D. Usability and workflow fit, including cognitive burden, device access, training, and user feedback.

128. While emergency continuity plans are exercised, a health system is combining separate scheduling, referral, and care-management platforms. What integration principle is most important?

- A. Allow each platform to preserve separate definitions so integration does not disrupt local autonomy.
- B. Define shared workflows, data ownership, interfaces, governance, and user responsibilities across the systems.
- C. Focus only on technical connection because workflow differences can be solved later.
- D. Let vendors determine data ownership and escalation responsibilities during implementation.

129. During a clinical-technology governance review, a hospital is selecting a predictive tool for emergency-department demand. Which validation step is most important?

- A. Use the vendor's reported accuracy as sufficient evidence of local performance.
- B. Validate only during the busiest week because that is when the tool matters most.
- C. Test performance on local data across relevant time periods and patient groups before relying on predictions.
- D. Avoid monitoring after launch because validation should be completed before deployment.

130. As a care-learning cycle is launched, a health system is planning care delivery for a prolonged regional power outage. Which approach best supports patient safety?

- A. Coordinate continuity, triage, staffing, communication, supplies, transfers, and recovery through the emergency structure.
- B. Focus on generator capacity alone because clinical operations will adapt automatically.
- C. Close all services immediately without assessing which essential functions can continue safely.
- D. Leave each site to create independent plans without a common operating picture.

131. During a patient-journey redesign, a new specialty clinic improves outcomes for patients who can attend daytime appointments but worsens access for hourly workers. Which redesign is most appropriate?

- A. Keep daytime hours because the clinic's average outcome improved.
- B. Require all patients to use telehealth even when technology or privacy is limited.
- C. Offer flexible access options and evaluate outcomes by patient group before declaring success.
- D. Measure only clinical outcomes because access is an operational issue, not a care outcome.

132. As digital care is incorporated, a hospital is redesigning discharge planning after patients report confusion about medications, appointments, and warning signs. Which approach is best?

- A. Provide the discharge packet at the final minute so instructions remain current.
- B. Begin planning early, involve patients and caregivers, reconcile needs across settings, and confirm understanding.
- C. Ask patients to arrange follow-up independently because they are leaving hospital care.
- D. Measure only whether the packet was signed rather than whether the transition is understood.

133. After a referral gap is discovered, an accreditation surveyor asks how the organization knows a new patient-safety practice is sustained. Which evidence is strongest?

- A. Show the standard, implementation records, outcome trends, audits, improvement actions, and leadership oversight.
- B. Present a policy binder without evidence that staff follow the process in practice.
- C. Provide a single favorable anecdote from a leader who observed the change once.
- D. State that the practice is sustained because the implementation team has disbanded.

134. While a decision-support tool is reviewed, a health system uses routinely collected clinical data to test changes, learns from results, and feeds the learning back into care. Which concept best describes this design?

- A. A static compliance system that separates data collection from care redesign.
- B. A one-time research project that ends when the first analysis is completed.
- C. A marketing dashboard that uses patient data primarily to promote services.
- D. A learning health system that continuously connects practice, data, evaluation, and improvement.

135. After a major environmental shift, a system leader receives conflicting reports about why access delays are increasing across hospitals. Which executive thinking process is most useful first?

- A. Choose the explanation offered by the largest hospital because its data represent the most patients.
- B. Select the most visible symptom and assign it to the department nearest the problem.
- C. Start a technology purchase before confirming whether the issue is capacity, workflow, or demand.
- D. Synthesize multiple perspectives, test assumptions, and frame the shared system problem before selecting a solution.

136. As competing priorities reach the cabinet, a nurse executive is coordinating a care redesign that crosses hospital, payer, and community boundaries. Which leadership capability is most important?

- A. Ask each organization to optimize its own performance before discussing the shared patient journey.
- B. Use boundary-spanning leadership to align organizations around shared outcomes, roles, and reciprocal commitments.
- C. Transfer all cross-organizational decisions to the hospital because it has the largest workforce.
- D. Avoid formal agreements so collaboration can remain flexible and relationship-based.

137. During a shared-leadership review, a system must allocate scarce resources between two programs that both improve care but serve different populations. Which executive approach is most defensible?

- A. Fund the program with the most influential sponsor so implementation support will be assured.
- B. Divide resources equally without assessing population need, benefit, or implementation readiness.
- C. Use transparent criteria that consider need, expected benefit, equity, feasibility, and opportunity cost.
- D. Choose the program with the most attractive public-relations story regardless of measurable value.

138. While succession plans are evaluated, a strategic initiative has many enthusiastic sponsors, but no one can explain how the organization will know whether it is working. What should the executive add?

- A. An accountability design that names outcomes, owners, decision points, and review mechanisms.
- B. More sponsors so the initiative appears broadly supported across the organization.
- C. A launch event that creates visibility before the measures and owners are finalized.
- D. A policy statement that describes commitment without specifying evidence of success.

139. Following a challenging stakeholder forum, a nurse executive wants each major initiative to produce organizational learning, not only a final success-or-failure label. Which practice is most helpful?

- A. Evaluate only at project closeout so interim findings do not distract from implementation.
- B. Document only successes because recording failed assumptions may reduce future confidence.
- C. Use a standard set of measures for every initiative regardless of its purpose or risk.
- D. Create a learning agenda with explicit assumptions, questions, measures, tests, and scheduled reflection.

140. As the organization revisits its mission, a board asks how much uncertainty the organization is willing to accept when pursuing an innovative care model. Which concept should guide the discussion?

- A. Risk appetite, defined by the board and translated into boundaries, controls, and escalation thresholds.
- B. Risk tolerance determined privately by the project manager after implementation begins.

- C. Risk avoidance that prohibits innovation whenever outcomes cannot be guaranteed in advance.
- D. Risk transfer that assigns all responsibility to an external vendor or partner.

141. After a preventable event is reported, a safety-culture survey shows that staff report high teamwork but low confidence that leaders respond fairly after errors. What should the executive prioritize?

- A. Celebrate the teamwork score and defer the response concern until the next annual survey.
- B. Examine reporting response, just-culture consistency, leader behaviors, and staff experience of follow-through.
- C. Replace the survey instrument so the organization can compare only favorable results.
- D. Increase disciplinary warnings so staff understand that errors are taken seriously.

142. During a quality tracer review, a hospital has many outdated nursing policies with conflicting requirements. Which quality-management action is most appropriate?

- A. Add another policy whenever a conflict is discovered so every concern has a separate document.
- B. Allow units to retain local policies indefinitely because local autonomy prevents confusion.
- C. Establish policy ownership, review cycles, evidence standards, approval routes, and retirement criteria.
- D. Remove all policies and rely on informal knowledge held by experienced staff.

143. As safety results are examined by population, a hospital is preparing for an accreditation visit. Which approach best demonstrates readiness without creating a temporary performance?

- A. Create a survey-only binder while leaving routine workflows unchanged until the visit ends.
- B. Maintain routine evidence, observe actual practice, address gaps, and show how leaders sustain improvement.
- C. Ask staff to memorize expected answers even if practice differs across shifts.
- D. Post new reminders immediately before the visit without measuring whether behavior changed.

144. While a reliability team tests a control, a quality dashboard combines data from multiple electronic systems, but leaders disagree about the definition of an avoided harm event. What should occur first?

- A. Average the conflicting values so the dashboard presents one number without further discussion.
- B. Choose the definition used by the system with the most records.
- C. Publish the dashboard immediately and let users interpret the measure differently.
- D. Establish shared data definitions, ownership, validation rules, and a process for resolving discrepancies.

145. As leadership development is refreshed, a health system has high turnover among nurses during the first year of employment. Which workforce intervention should be evaluated first?

- A. Strengthen transition support, workload realism, mentorship, feedback, and early identification of practice barriers.
- B. Increase recruitment advertising without examining why newly hired nurses leave.
- C. Require new nurses to work additional shifts so they gain experience more quickly.
- D. Delay support until the first annual appraisal to avoid creating dependency.

146. After a staff member reports misconduct, a nurse executive is designing a career ladder for experienced nurses who want advancement without leaving clinical practice. Which feature is essential?

- A. Advance employees primarily by years of service because tenure is the easiest measure.
- B. Create titles without different responsibilities, competencies, or recognition of practice contribution.
- C. Clearly defined competencies, evidence of contribution, development support, and transparent advancement criteria.
- D. Reserve advancement for employees who accept management roles regardless of clinical expertise.

147. While staffing assumptions are reexamined, a staff-engagement initiative reports higher participation but no change in trust, voice, or intent to stay. How should leaders interpret the result?

- A. Declare success because more employees attended or completed the initiative.
- B. Stop measuring engagement because participation is a sufficient proxy for trust.
- C. Participation is an activity measure; leaders should test whether the intended engagement outcomes changed.

D. Assume the intervention failed completely without examining which components were used.

148. During a mentoring and succession conference, a union and hospital leaders disagree about a proposed staffing change. Which executive action best supports a constructive labor-management relationship?

- A. Use the negotiated process, share relevant evidence, clarify interests, and seek a safe, jointly understood solution.
- B. Announce the change first and invite discussion only after the schedule has been published.
- C. Avoid sharing data so each side can protect its negotiating position.
- D. Ask frontline staff to choose sides before leaders clarify the issue or process.

149. During a clinical-technology governance review, a patient receives care from multiple settings, and information is repeatedly lost during referrals. Which delivery strategy should the nurse executive prioritize?

- A. Ask patients to carry all information between settings without system support.
- B. Add more referral destinations so patients have additional choices without coordination.
- C. Measure referral volume only because completed referrals indicate continuity.
- D. Assign care-coordination accountability, standardize referral information, and create closed-loop confirmation.

150. As a care-learning cycle is launched, a hospital is deploying a new clinical technology that changes how nurses prioritize patient care. Which governance requirement is most important?

- A. Allow the vendor to set clinical priorities because the vendor designed the technology.
- B. Define decision authority, human oversight, safety monitoring, user training, and a process for stopping or modifying the tool.
- C. Remove nurse input so implementation remains technically consistent across departments.
- D. Assume the tool is safe once it passes technical testing without observing clinical use.

Practice Exam 7: Answer Key and Full Answer Explanations

- 1. A** — This choice is strongest because Transformational leadership connects a compelling shared purpose with empowerment, collaboration, and coordinated change across boundaries. Transactional tools can reinforce selected behaviors, but compliance alone will not create system ownership. Laissez-faire leadership leaves fragmentation in place, while autocratic centralization suppresses local expertise and slows adaptation. It supports deliberate executive follow-through.
- 2. C** — This choice is strongest because Executive presence combines composure, candor, strategic framing, and accountability. A leader should neither hide unfavorable information nor overpromise. Naming what is known, what remains uncertain, and how the organization will respond builds confidence. Deflection, unsupported promises, and premature blame weaken trust and make disciplined oversight less likely. It supports deliberate executive follow-through.
- 3. D** — This choice is strongest because Authentic leadership begins with self-awareness and congruence between stated values and observed behavior. Transparency does not mean sharing every private thought; it means communicating honestly and reliably. Exchange-based, bureaucratic, or directive approaches may be useful in limited situations, but they do not directly address the trust-building goal described. It supports deliberate executive follow-through.
- 4. B** — This choice is strongest because Situational leadership matches direction and support to the demands of the work and the readiness of those performing it. An urgent, unfamiliar task may require clearer direction, whereas experienced teams may need autonomy. A single style, indiscriminate delegation, or total centralization ignores context and readiness. It supports deliberate executive follow-through.
- 5. A** — This choice is strongest because Relationship building starts with curiosity, respect, and dependable reciprocity. Listening before prescribing helps reveal priorities and demonstrates that the partnership is substantive rather than symbolic. Asking for endorsement of a finished plan, presenting a preferred solution first, or delaying engagement reproduces the exclusion that damaged trust. It supports deliberate executive follow-through.
- 6. C** — This choice is strongest because Strategic planning begins with an assessment of context, capabilities, opportunities, constraints, and stakeholder needs. That information informs realistic priorities and measurable objectives. Detailed tasks, popular initiatives, or dates may be useful later, but starting with them risks solving the wrong problem or committing resources without strategic fit. It supports deliberate executive follow-through.
- 7. A** — This choice is strongest because SWOT separates internal strengths and weaknesses from external opportunities and threats, helping leaders frame strategic choices. A logic model describes how an intervention is expected to produce outcomes. A fishbone diagram supports cause analysis, and a control chart analyzes process variation; none is the tool described. It supports deliberate executive follow-through.

8. C — This choice is strongest because A balanced scorecard prevents a single perspective from dominating strategic oversight. Linking patient, workforce, financial, and learning measures helps leaders see tradeoffs and causal relationships. Financial results alone are incomplete, while projects without measures and satisfaction data alone cannot establish whether the strategy is improving organizational performance. It supports deliberate executive follow-through.

9. B — This choice is strongest because Effective governance clarifies who sets direction, who is accountable for execution, and where subject-matter expertise informs decisions. Boards should oversee organizational performance rather than replace clinical governance. Informal or ad hoc arrangements create gaps, duplication, and delayed escalation when quality concerns cross departmental boundaries. It supports deliberate executive follow-through.

10. D — This choice is strongest because A decision-rights framework makes authority, consultation, escalation, and accountability visible across the system. Involving clinical leaders improves legitimacy and practical fit. A single policy without ownership, indefinite local variation, or finance-only control fails to resolve the underlying governance problem and may create new workarounds. It supports deliberate executive follow-through.

11. A — This choice is strongest because Complex change requires visible sponsorship, meaningful user participation, capability building, barrier removal, and reinforcement. Communication alone does not create adoption. Waiting or measuring only the final result delays learning and makes it harder to address workflow, training, or trust issues before failure becomes expensive. It supports deliberate executive follow-through.

12. D — This choice is strongest because A project charter creates a shared contract for why the work exists and how it will be governed. It clarifies scope, authority, outcomes, and assumptions before resources are committed. Calendars, final reports, or technology wish lists may support a project, but cannot substitute for a defined mandate. It supports deliberate executive follow-through.

13. B — This choice is strongest because A risk register turns uncertainty into an accountable management process. Assigning owners, defining triggers, and reviewing mitigation keeps risks visible as conditions change. Tracking only completed tasks hides threats; assigning every risk to one person weakens ownership; and treating risks as static ignores the evolving nature of complex work. It supports deliberate executive follow-through.

14. C — This choice is strongest because Mentoring usually supports broader professional growth through experience, perspective, and career guidance. Coaching focuses more specifically on goals, performance, feedback, and behavior change. Orientation introduces role information, while delegation transfers work; neither directly describes the two developmental relationships in the scenario. It supports deliberate executive follow-through.

15. A — This choice is strongest because Succession planning is an ongoing process that develops readiness before a vacancy occurs. Transparent criteria, diverse pipelines, developmental opportunities, and contingency planning reduce bias and vulnerability. Private similarity-based selection, a single

designation without development, and crisis-time evaluation provide little assurance of organizational continuity. It supports deliberate executive follow-through.

16. D — This choice is strongest because Effective coaching is specific, timely, respectful, and oriented toward improvement. A private conversation can describe the behavior, explain its impact on speaking up, invite the leader's perspective, and establish a change plan. Public embarrassment, avoidance, or vague messaging is less likely to produce insight or sustained behavior change. It supports deliberate executive follow-through.

17. C — This choice is strongest because Interest-based negotiation moves beneath stated positions to uncover needs such as influence, accountability, resources, or visibility. Shared outcomes can then guide options while preserving clear decision rights. Repeating positions, imposing a decision prematurely, or splitting responsibility without authority may end the dispute temporarily but not solve it. It supports deliberate executive follow-through.

18. B — This choice is strongest because Consensus does not require unanimous enthusiasm; it requires that members' important concerns are heard and that they can support the decision. Surfacing dissent improves the proposal and reveals risks. A fast vote, chair-only drafting, or removing controversy can conceal unresolved opposition and implementation barriers. It supports deliberate executive follow-through.

19. C — This choice is strongest because Trustworthy executive communication is clear about purpose, evidence, tradeoffs, uncertainty, and opportunities for participation. A spreadsheet without context is not meaningful communication. Over-reassurance and inconsistent explanations can appear evasive and create rumors, while structured feedback allows leaders to learn and adjust. It supports deliberate executive follow-through.

20. A — This choice is strongest because Active listening includes attention, clarification, reflection, and checking whether the speaker feels accurately understood. It slows premature problem solving and can reduce escalation. Persuasion, avoidance, and competitive bargaining may shape a conversation, but they do not demonstrate the understanding check described. It supports deliberate executive follow-through.

21. B — This choice is strongest because A transparent delay message distinguishes a changed capacity constraint from a changed strategic need. Explaining criteria and a review point preserves credibility and lets stakeholders plan. Abrupt cancellation, blame, or unrealistic promises sacrifices trust and prevents the organization from learning how capacity affects execution. It supports deliberate executive follow-through.

22. D — This choice is strongest because Stakeholder mapping prioritizes engagement by influence, impact, interest, and the ability to affect implementation. High-influence, high-impact groups can enable or obstruct progress and should be engaged early. Convenience, agreement, or low-impact status is not a defensible basis for deciding whose perspective matters most. It supports deliberate executive follow-through.

23. B — This choice is strongest because Business acumen translates a clinical proposal into an understandable investment decision. A credible proposal connects strategy, cost, benefits, assumptions, volume, and uncertainty. Technology features alone do not establish value, and a single optimistic forecast prevents decision makers from seeing the conditions under which the plan succeeds or fails. It supports deliberate executive follow-through.

24. D — This choice is strongest because Return on investment compares expected benefits with the resources required, but nurse executives should interpret it with quality, access, workforce, and strategic effects. Headcount, market share, or utilization may inform a business case, yet none independently demonstrates whether an investment creates sustainable value. It supports deliberate executive follow-through.

25. C — This choice is strongest because Variance analysis is useful only when leaders investigate why the variance occurred and what it means. Premium labor may signal a temporary vacancy problem, an inaccurate staffing plan, or unsafe workload. Immediate cuts, acceptance without analysis, or simply rewriting the budget can worsen risk and hide the true driver. It supports deliberate executive follow-through.

26. A — This choice is strongest because Reimbursement awareness helps nurse executives connect nursing work to outcomes, experience, access, and resource stewardship. Volume alone may not create value, and reimbursement cannot be separated from care delivery. Measuring cost without outcomes encourages false economies and misses the strategic contribution of nursing. It supports deliberate executive follow-through.

27. A — This choice is strongest because Cost avoidance and productivity benefits can be meaningful even when they do not produce immediate cash. Leaders should define the baseline, assumptions, measurable workload or quality effects, and conditions required for benefit realization. Rejecting noncash value or labeling projections as realized savings undermines financial credibility. It supports deliberate executive follow-through.

28. B — This choice is strongest because Capital decisions require a total-value view. The business case should explain the problem, alternatives, expected safety and experience benefits, lifecycle costs, implementation needs, and risks. Features, another organization's choice, or acquisition price alone cannot establish that the investment is appropriate for this system. It supports deliberate executive follow-through.

29. C — This choice is strongest because Scenario planning acknowledges uncertainty without pretending to predict one precise future. Leaders can identify plausible conditions, early signals, trigger points, and proportional responses. A single fixed forecast, delayed planning, or overcommitment to the most optimistic scenario leaves the organization less prepared for variation. It supports deliberate executive follow-through.

30. D — This choice is strongest because An executive dashboard should support decisions, not merely display data. Focused measures with targets, trends, owners, and escalation thresholds help leaders recognize performance and act. More indicators increase noise; removing targets weakens interpretation;

and current values without trends obscure whether conditions are improving or deteriorating. It supports deliberate executive follow-through.

31. B — This choice is strongest because External representation requires alignment with organizational purpose and clear boundaries around what the representative can promise. Evidence and honest limits strengthen credibility. Personal preference, false certainty, or unauthorized commitments may create reputational, legal, or operational problems that outlast the event. It supports deliberate executive follow-through.

32. D — This choice is strongest because Good board reporting makes performance, meaning, accountability, and follow-up visible. Trends help distinguish movement from noise, while corrective actions and review dates show how the organization is responding. A single data point, blame, or delayed reporting prevents the board from exercising informed oversight. It supports deliberate executive follow-through.

33. C — This choice is strongest because Influence without authority depends on legitimacy, relationships, shared interests, evidence, reciprocity, and appropriate sponsorship. Titles and escalation may obtain short-term compliance, but they rarely create durable ownership. A coalition allows affected leaders to shape implementation and identify barriers that a single department cannot see. It supports deliberate executive follow-through.

34. A — This choice is strongest because Resilience is supported by individual recovery and organizational conditions. Prioritization, role clarity, adequate resources, psychological safety, and recovery practices are more sustainable than exhortations to work longer or stay positive. Training can help, but it cannot compensate for structural workload and ambiguity that leaders are expected to absorb silently. It supports deliberate executive follow-through.

35. B — This choice is strongest because Ethical leadership aligns decisions with evidence, stated values, transparency, and responsibility to those affected. Political support does not replace outcome evaluation. Suppressing data violates stewardship, while an unexplained termination can create unnecessary disruption. Reassessment and an explicit transition plan support both accountability and fairness. It supports deliberate executive follow-through.

36. C — This choice is strongest because Accountability is strongest when expectations, resources, measurement, feedback, and consequences are aligned. Leaders should determine whether the process is feasible, then address performance proportionately and consistently. Immediate blame, avoidance, or identical discipline without context may be unfair and can drive problems underground. It supports deliberate executive follow-through.

37. D — This choice is strongest because Delegation is a transfer of authority and responsibility within defined boundaries, not simply assignment of tasks. The director needs resources, decision rights, expectations, and follow-up. Holding authority while transferring responsibility creates frustration; withholding resources undermines performance; and excessive centralization limits system leadership development. It supports deliberate executive follow-through.

38. A — This choice is strongest because Patient safety risks require timely escalation, transparent documentation, and a decision about whether work should pause while risk is evaluated. Schedule pressure does not justify proceeding with a known serious threat. Waiting for harm or managing the concern privately prevents the organization from using its governance and learning systems. It supports deliberate executive follow-through.

39. D — This choice is strongest because An innovation portfolio should make tradeoffs explicit. Strategic fit, value, feasibility, risk, equity, and capacity help leaders select work that can be implemented responsibly. Rank, universal approval, or low cost alone are weak proxies for value and can overload the organization with disconnected initiatives. It supports deliberate executive follow-through.

40. C — This choice is strongest because Milestones measure activity; benefit realization asks whether the change produces the intended improvement. Leaders should test assumptions about adoption, workflow, outcomes, and ownership while there is still time to adapt. Declaring success early or waiting for closeout confuses delivery of outputs with creation of value. It supports deliberate executive follow-through.

41. A — This choice is strongest because Governance works when decision ownership and participation are explicit. A clear owner prevents duplicate approvals, while consultation and exception pathways preserve expertise and flexibility. Independent approvals, meeting frequency, or informal decisions do not resolve the underlying ambiguity and may create conflicting requirements. It supports deliberate executive follow-through.

42. B — This choice is strongest because Change fatigue reflects cumulative demands, competing priorities, insufficient recovery, and unclear value. Leaders can reduce it by sequencing work, removing low-value tasks, protecting adoption time, and communicating tradeoffs. More messages, reassurance without action, or unaltered deadlines increase the burden without addressing the cause. It supports deliberate executive follow-through.

43. C — This choice is strongest because Measures should show whether the organization is advancing the stated strategic goal. Cross-setting transition outcomes and process indicators are more relevant than isolated overtime or meeting counts. Existing data can inform the dashboard, but convenience should not determine alignment, and waiting for perfection prevents learning. It supports deliberate executive follow-through.

44. A — This choice is strongest because Mission alignment requires more than a shared slogan. A strategy that rewards speed can create unsafe shortcuts or widen inequities unless leaders monitor outcomes, experience, and access. Rewriting the mission or measuring volume alone avoids the executive responsibility to balance operational performance with organizational purpose. It supports deliberate executive follow-through.

45. B — This choice is strongest because Accreditation and regulation can overlap, but they are not interchangeable. Accrediting bodies evaluate conformity with standards, while government regulators may establish conditions tied to law, licensure, or payment. Treating them as identical, irrelevant, or

limited to satisfaction misunderstands how organizations demonstrate compliance and accountability. It reinforces process learning and prevention.

46. D — This choice is strongest because A hazard vulnerability analysis helps leaders prioritize threats by likelihood, impact, and preparedness gaps. The plan should connect hazards to capabilities, roles, resources, communications, and continuity. Generic plans, supply lists, or communications alone cannot ensure that clinical operations remain safe during a localized disaster. It reinforces process learning and prevention.

47. D — This choice is strongest because An incident command structure creates common roles, authority, communication, and coordination during disruption. It can expand or contract with the event and allows subject-matter expertise to inform decisions. Separate departmental commands, single-person control, or improvised roles make resource allocation and accountability less reliable. It reinforces process learning and prevention.

48. B — This choice is strongest because Surge planning must integrate space, staffing, supplies, infection prevention, patient flow, and escalation decisions. Triggers allow action before capacity is exhausted. Opening beds without capability, waiting for crisis conditions, or treating beds as the only limiting resource can produce unsafe care and delayed response. It reinforces process learning and prevention.

49. A — This choice is strongest because Preoccupation with failure treats near misses and small deviations as signals about system vulnerability. Leaders look for patterns and strengthen defenses before harm occurs. Dismissing or delaying action because the outcome was favorable misses an opportunity for prevention and is inconsistent with high reliability. It reinforces process learning and prevention.

50. C — This choice is strongest because Reluctance to simplify means resisting convenient explanations that may overlook interacting system conditions. Respect for expertise does not mean accepting one explanation without testing it. Examining data, workflow, context, and alternative causes protects the organization from premature closure and supports more durable improvement. It reinforces process learning and prevention.

51. A — This choice is strongest because Sensitivity to operations keeps leaders aware of current conditions, workarounds, resource constraints, and emerging risk. Policies remain important, but they cannot replace situational awareness during disruption. Assuming normal conditions or waiting for a retrospective report can allow a manageable problem to become a safety event. It supports deliberate executive follow-through.

52. B — This choice is strongest because Deference to expertise places decision influence with the person who understands the immediate technical conditions, not automatically with the highest-ranking person. Command still coordinates priorities and accountability. Uncoordinated workarounds and rank-based decisions can produce conflicting actions and increase patient risk. It reinforces process learning and prevention.

53. D — This choice is strongest because Just culture distinguishes human error, at-risk choices, and reckless conduct while examining system conditions. A difficult workflow may contribute to an at-risk choice, but leaders still need facts and proportionate follow-up. Automatic punishment, dismissal, or public shaming discourages reporting and does not repair the system. It supports deliberate executive follow-through.

54. C — This choice is strongest because Root cause analysis seeks to understand how system design, communication, environment, equipment, staffing, and decisions combined to permit harm. Accountability may still be addressed, but blame is not the primary purpose. Financial review can follow; it does not replace causal analysis and prevention planning. It reinforces process learning and prevention.

55. D — This choice is strongest because FMEA is prospective: it examines how a process could fail, the effects of failure, contributing causes, and existing controls before harm occurs. RCA is retrospective, while satisfaction and variance reviews address different questions. Using the right method avoids waiting for an event to reveal predictable vulnerabilities. It supports deliberate executive follow-through.

56. C — This choice is strongest because A plan of correction should convert a finding into verifiable action. It identifies what will change, who owns it, how completion will be demonstrated, how performance will be monitored, and how gains will be sustained. Reminders, email distribution, and diffuse responsibility do not establish reliable correction. It supports deliberate executive follow-through.

57. B — This choice is strongest because Education is an intervention, not proof of effectiveness. Leaders should define the target behavior, audit practice, examine results over time, and respond to gaps. Attendance, confidence statements, and policy dates may document activity, but they do not demonstrate that the underlying performance improved. It reinforces process learning and prevention.

58. A — This choice is strongest because Benchmark interpretation requires comparable definitions, populations, measurement methods, and time frames. Risk adjustment and data quality may change the meaning of a difference. External benchmarks provide context, while internal trends show local movement. Neither should be accepted or dismissed without understanding what is being compared. It supports deliberate executive follow-through.

59. D — This choice is strongest because A sustained shift on a run chart is evidence that a process may have changed, but teams should assess timing, context, data quality, and competing explanations. Run charts are useful for improvement work. Certainty about causation and requiring a randomized trial may be inappropriate for initial operational learning. It supports deliberate executive follow-through.

60. C — This choice is strongest because A point beyond a control limit suggests special-cause variation and warrants investigation of what was different. Leaders should not change limits to make an unusual result disappear or overreact with a full redesign before understanding the event. Investigation protects the chart's meaning and guides proportionate action. It supports deliberate executive follow-through.

61. B — This choice is strongest because Risk adjustment accounts for differences in patient characteristics that influence outcomes, allowing more meaningful comparison. It does not erase inequity or make models perfect; leaders should examine data quality and representation. Unadjusted rankings, exclusions, or opinion-only measures can misclassify performance and conceal need. It reinforces process learning and prevention.

62. B — This choice is strongest because A process measure evaluates whether a desired care activity occurred for an eligible population. Survival is an outcome, confidence is an experience measure, and total program cost is a financial measure. Using all types together can show whether the process changed and whether that change mattered. It supports deliberate executive follow-through.

63. A — This choice is strongest because PICO structures a searchable clinical or practice question by identifying the population, intervention, comparison, and outcome. SWOT supports strategy, RACI clarifies roles, and DMAIC guides process improvement. A well-built PICO question improves the relevance of literature searches and reduces unfocused evidence gathering. It reinforces process learning and prevention.

64. A — This choice is strongest because Evidence appraisal considers internal validity, bias, precision, consistency, context, and applicability rather than presentation style or sample size alone. Peer review supports quality but does not guarantee that findings transfer to every setting. Leaders should integrate evidence with expertise, patient values, feasibility, and local data. It supports deliberate executive follow-through.

65. D — This choice is strongest because Evidence-based practice does not reduce all research to a simple hierarchy. Observational studies can inform questions and decisions, but confounding and bias must be considered. Leaders should synthesize the broader evidence, local data, expertise, patient preferences, and feasibility instead of accepting or rejecting one study automatically. It supports deliberate executive follow-through.

66. C — This choice is strongest because PDSA supports iterative learning through a small test, observation, interpretation, and adaptation. FMEA is prospective risk analysis, RCA is retrospective event analysis, and SWOT is strategic assessment. Small tests reduce risk and allow teams to refine workflow before broader implementation. It reinforces process learning and prevention.

67. B — This choice is strongest because Waiting is a form of process waste when work is delayed by a preventable constraint or unreliable flow. Overproduction, defects, and transportation describe other waste categories. Identifying the specific waste helps the team redesign supply availability instead of blaming staff for a system delay. It reinforces process learning and prevention.

68. C — This choice is strongest because DMAIC provides a disciplined structure for defining the problem, measuring current performance, analyzing causes, improving the process, and controlling gains. PDSA supports iterative testing, FMEA anticipates failures, and a balanced scorecard aligns strategy. Each has a different purpose and should not be substituted casually. It reinforces process learning and prevention.

69. D — This choice is strongest because Balancing measures reveal whether an improvement in one area creates harm or burden elsewhere. Staff injury and workload are important consequences of the falls intervention. Repeating the same outcome, counting posters, or excluding labor would not detect the unintended effect described. It reinforces process learning and prevention.

70. A — This choice is strongest because Stratification can reveal differences that an overall average conceals. Leaders should use relevant, ethically collected data to examine access, experience, and outcomes across groups and then investigate causes. Aggregation, data removal, or selective comparison can hide inequity and prevent targeted improvement. It reinforces process learning and prevention.

71. A — This choice is strongest because Common-cause variation is inherent in the current process and generally requires system redesign rather than reaction to each point. Monitoring remains important, but routine fluctuation should not trigger constant overcorrection. A stable process is not automatically excellent; it may be reliably producing an undesirable level of performance. It supports deliberate executive follow-through.

72. D — This choice is strongest because After serious harm, leaders must respond to people and to the system simultaneously. Communication, support, preservation of information, and immediate risk controls are essential while the review proceeds. Delayed support, information deletion, or discipline-first thinking can worsen harm, undermine learning, and leave active hazards unaddressed. It supports deliberate executive follow-through.

73. C — This choice is strongest because Near-miss reporting provides valuable information about defenses that almost failed. Learning from the event can identify labeling, handoff, workload, or technology vulnerabilities before harm occurs. Suppressing the report or waiting for recurrence discards preventive information and can reinforce unsafe normalization. It reinforces process learning and prevention.

74. B — This choice is strongest because Safety huddles create shared awareness of current conditions and allow teams to identify risks, resources, mitigations, and escalation needs quickly. They are not retrospective incident reviews or disciplinary sessions. Avoiding concerns defeats the purpose; historical analysis can occur in a different forum. It reinforces process learning and prevention.

75. C — This choice is strongest because Reliable handoffs standardize essential information while preserving two-way communication, questions, and escalation. A rigid script can suppress meaningful concerns, while unrestricted formats create variation. More fields do not guarantee safer transfer; the team must test whether critical information is communicated and understood. It reinforces process learning and prevention.

76. A — This choice is strongest because Audit feedback changes behavior when recipients understand the gap, believe the data, know the next action, and have the resources and support to act. Larger samples or public ranking may increase pressure without improving usability. Stopping measurement removes the information needed for learning and accountability. It supports deliberate executive follow-through.

77. B — This choice is strongest because Sustainability requires integration into normal systems rather than dependence on a temporary champion or enthusiasm. Orientation, workflow, measurement, feedback, and leadership review help maintain gains and detect drift. Ending measurement or assuming popularity guarantees permanence leaves the improvement vulnerable to turnover and competing priorities. It reinforces process learning and prevention.

78. D — This choice is strongest because Human factors focuses on how design, environment, cognition, workload, and technology shape behavior. Forcing safe choices through standardization, forcing functions, clear interfaces, and reduced complexity is more reliable than memory, punishment, or speed. Competent people still make predictable errors in poorly designed systems. It reinforces process learning and prevention.

79. D — This choice is strongest because Recurring problems usually reflect interacting system conditions rather than one person's attention alone. Asking about workload, interfaces, training, process design, and defenses broadens the analysis toward prevention. Punishment, selective deletion, or acceptance of recurrence prevents the organization from learning why the vulnerability persists. It reinforces process learning and prevention.

80. A — This choice is strongest because Accommodation decisions require an individualized process that considers essential functions, limitations, effective options, and operational factors. Identical treatment is not always equitable, and automatic approval may overlook feasibility or alternative accommodations. Coworker opinion is not a substitute for confidential, structured leadership and human-resources review. It protects fairness and workforce accountability.

81. B — This choice is strongest because The interactive process clarifies functional limitations and explores effective accommodations without unnecessary disclosure of private medical information. Peers should not investigate, and broad disclosure is inappropriate. Ignoring the request or requiring the employee to solve the operational problem alone can delay a fair and legally sound response. It supports deliberate executive follow-through.

82. C — This choice is strongest because Workplace safety improves when leaders identify hazards and use elimination, substitution, engineering, administrative, and personal protective controls in a reasoned sequence. Reminders alone are weak controls. Waiting for injury or shifting risk to temporary staff fails the executive responsibility to protect everyone exposed. It protects fairness and workforce accountability.

83. A — This choice is strongest because Workplace-violence prevention is a system responsibility. Risk assessment, environmental design, staffing, training, reporting, response, and support work together. Security and de-escalation training may help but are insufficient alone. Punishing reporters suppresses information and leaves hazards unaddressed. It protects fairness and workforce accountability. This preserves reporting and learning.

84. D — This choice is strongest because A neutral practice can still have disproportionate effects and should be evaluated for business necessity, job-relatedness, validity, and less discriminatory alternatives.

Ignoring impact, removing all criteria, or applying the test selectively undermines fairness and can create inconsistent, indefensible hiring decisions. It protects fairness and workforce accountability.

85. C — This choice is strongest because Employment decisions should be based on job-related performance, conduct, qualifications, and legitimate role requirements—not age-based assumptions. Favoring younger workers or imposing special tests creates inequity. A less visible reassignment without a documented reason may also be discriminatory and damages trust in leadership. It protects fairness and workforce accountability.

86. B — This choice is strongest because Orientation introduces the role and environment; competency validation demonstrates the ability to perform defined work safely. Direct observation and documentation provide evidence for high-risk procedures. School experience, orientation completion, or informal reassurance may inform judgment but do not replace role-specific validation. It protects fairness and workforce accountability.

87. C — This choice is strongest because Scope-of-practice decisions integrate law, regulation, education, competence, organizational policy, and role authorization. Another department's practice, staffing pressure, or job title alone cannot establish safe authority. Leaders should verify the full context and address gaps through education, supervision, redesign, or escalation. It protects fairness and workforce accountability.

88. A — This choice is strongest because A preceptor facilitates role transition by teaching, observing, coaching, giving feedback, and communicating readiness concerns. The preceptor does not replace the learner's accountability or the organization's competency process. Technical skills, judgment, communication, and professionalism all influence safe practice and should be addressed openly. It protects fairness and workforce accountability.

89. D — This choice is strongest because Transparent criteria make development decisions more consistent and reveal whether access gaps are being addressed. Frequency of requesting, existing networks, or equal dollar amounts may reproduce inequity rather than improve opportunity. Leaders should connect investment to organizational needs and individual growth while monitoring who benefits. It supports deliberate executive follow-through.

90. B — This choice is strongest because Equity requires attention to how policies and systems affect groups differently, not merely identical availability. Leaders should ask affected staff about timing, language, cultural relevance, technology, and workload barriers, then redesign access. Assumptions about motivation and mandatory repetition preserve the barrier rather than solve it. It supports deliberate executive follow-through.

91. B — This choice is strongest because Inclusive recruitment reduces dependence on narrow networks and subjective evaluation. Diverse outreach broadens opportunity, while structured criteria and monitoring improve consistency and reveal where applicants are lost. Informal referrals, unstructured intuition, and hidden criteria invite bias and make the process difficult to evaluate or defend. It supports deliberate executive follow-through.

92. A — This choice is strongest because A pay-equity review examines whether differences have legitimate, documented explanations related to work, qualifications, performance, or market conditions. Confidentiality does not eliminate the duty to review patterns. Random adjustments and individual negotiation can miss systemic inequity and may create new inconsistencies. It protects fairness and workforce accountability.

93. D — This choice is strongest because A healthy work environment requires psychological safety, respectful behavior, fair response, and accountability at every level. Positivity campaigns and private resolution may leave power imbalances intact. Replacing the survey avoids the problem; leaders should act on the evidence and demonstrate that speaking up leads to fair follow-through. It supports deliberate executive follow-through.

94. C — This choice is strongest because Engagement improves when employees see that their input is heard, prioritized, acted upon, and revisited. Leaders should be transparent about what can change and why, then report progress. More surveys, unrealistic promises, or stopping measurement communicates that participation has little value. It protects fairness and workforce accountability.

95. D — This choice is strongest because Burnout is influenced by work demands, control, staffing, recognition, community, fairness, and values. Individual support matters, but it should accompany structural action. Handouts, moral pressure, or an unexamined transfer may fail to reduce the conditions producing exhaustion and can worsen retention. It protects fairness and workforce accountability.

96. C — This choice is strongest because A fair reporting response encourages learning without promising a predetermined outcome. Leaders can thank the reporter, protect psychological safety, assess behavior and system conditions, and explain how decisions will be made. Threats, secrecy, or absolute promises undermine reporting and make the safety system less informative. It supports deliberate executive follow-through.

97. A — This choice is strongest because A staffing model should be evaluated as a care-delivery intervention. Leaders need outcome, workload, workforce, experience, and financial indicators, including unintended effects. Assignment counts, cost, or preference alone provide incomplete evidence and may encourage a model that appears efficient while creating unsafe care or turnover. It supports deliberate executive follow-through.

98. B — This choice is strongest because Acuity-based staffing is only as reliable as its measure of patient need and its connection to workload and outcomes. Leaders should test validity, documentation quality, implementation reliability, and local variation before expansion. New numbers alone do not prove that the model is improving staffing decisions. It supports deliberate executive follow-through.

99. B — This choice is strongest because A float pool supports flexibility only when deployment is matched to competence, orientation, assignment complexity, and escalation support. Licensure alone does not establish specialty readiness. Clear limits and feedback protect patients and staff, while assignment data helps leaders identify training and capacity needs. It protects fairness and workforce accountability.

100. D — This choice is strongest because Fairness includes process transparency, voice, consistency, and distribution of burdens—not simply meeting coverage. Reviewing criteria and patterns can reveal hidden inequities and legitimate exceptions. Random rotation and manager-by-manager discretion may appear neutral but can perpetuate unequal effects and inconsistent treatment. It protects fairness and workforce accountability.

101. A — This choice is strongest because Professional governance requires defined authority, representative participation, access to information, and a visible path from recommendation to decision. More meetings or members cannot compensate for unclear influence. A suggestion box and announcement forum provide little shared decision-making and may deepen staff cynicism. It protects fairness and workforce accountability.

102. C — This choice is strongest because Credentialing verifies qualifications, while privileging authorizes specific services based on competence and organizational standards. Appraisal, informal approval, and job title may provide information but do not replace a documented governance process. Clear privileges protect patients, clinicians, and the organization when practice authority is questioned. It protects fairness and workforce accountability.

103. A — This choice is strongest because A performance-improvement plan should be clear, fair, measurable, and developmental while preserving accountability. Expectations, support, checkpoints, timelines, and consequences let both parties understand what improvement means. Vague language, absent measures, or historical criticism without support creates ambiguity and weakens the integrity of follow-up. It protects fairness and workforce accountability.

104. C — This choice is strongest because Progressive discipline should be consistent, proportionate, and based on verified facts and policy. Leaders should consider prior coaching, circumstances, comparable cases, and the effect of the response. Automatic severity, avoidance, or selective comparison can create inequity, reduce trust, and expose the organization to challenge. It protects fairness and workforce accountability.

105. D — This choice is strongest because Retention strategy should be linked to a defined population, problem, mechanism, and outcome. Segmenting data may reveal differences by unit, tenure, shift, role, or manager. Popularity and participation describe activity, not effect; turnover is influenced by many factors but remains appropriate for targeted organizational action. It supports deliberate executive follow-through.

106. B — This choice is strongest because A resilient succession plan avoids dependence on one favored candidate and develops multiple people against explicit readiness criteria. Transparency does not guarantee a promotion; it supports fairness and preparation. Naming one person, secrecy, or delay increases continuity risk and may reinforce bias in advancement decisions. It supports deliberate executive follow-through.

107. A — This choice is strongest because The patient-centered medical home is organized around coordinated, accessible, comprehensive, and patient-centered care, often supported by team-based relationships and population management. Fragmented, production-only, and specialty-only approaches

may provide services, but they do not capture the integrated model described. It keeps equity and safe integration visible.

108. B — This choice is strongest because Telehealth changes access and care processes, so evaluation must include outcomes, experience, equity, privacy, workflow, reliability, and support needs. Volume and clinician satisfaction are useful but incomplete. A staged implementation lets leaders discover connectivity, usability, and safety issues before they affect a wider population. It keeps equity and safe integration visible.

109. C — This choice is strongest because A workforce pipeline links education, community partnership, clinical exposure, mentorship, recruitment, and retention. A single recruitment tactic or enrollment target may shift shortages rather than solve them. Leaders should monitor who enters, completes, transitions into practice, and remains in roles that meet community need. It keeps equity and safe integration visible.

110. D — This choice is strongest because Autonomy protects a capable patient's right to make informed choices, including refusal. Beneficence supports promoting well-being but does not automatically authorize overriding a capable person. Justice concerns fairness, and fidelity concerns keeping commitments; neither replaces informed consent and respect for self-determination. It keeps equity and safe integration visible.

111. A — This choice is strongest because Beneficence supports actions intended to promote well-being, while nonmaleficence requires attention to preventable harm. Ethical executive decisions also consider autonomy, justice, proportionality, and stakeholder voice. Veracity, confidentiality, or aggregate utility alone cannot resolve the competing benefits and burdens described. It keeps equity and safe integration visible.

112. C — This choice is strongest because Justice addresses fair distribution of benefits, burdens, opportunities, and access. The executive should examine who can reach the service, who bears the burden, and whether alternatives or partnerships can reduce inequity. Autonomy and nonmaleficence remain relevant, but the distributional concern is central. It keeps equity and safe integration visible.

113. B — This choice is strongest because Veracity supports truthful communication, but disclosure must also respect confidentiality, patient preferences, consent, and appropriate surrogate roles. Paternalism, unrestricted efficiency, and competitive disclosure disregard the patient's rights and the professional duty to communicate responsibly. It keeps equity and safe integration visible. It also limits disclosure to appropriate recipients.

114. D — This choice is strongest because Ethics consultation helps participants clarify facts, values, duties, patient preferences, and ethically supportable options. It does not replace clinical or legal authority, but it improves deliberation. Marketing, finance, or informal voting alone cannot adequately address a conflict involving goals and treatment decisions. It keeps equity and safe integration visible.

115. A — This choice is strongest because Moral distress can involve constrained moral agency and recurring system barriers. Leaders should provide voice, ethics support, psychological safety, and action

on the conditions producing distress. Individual coping and temporary reassignment may help, but treating distress as purely personal leaves the underlying ethical problem intact. It supports deliberate executive follow-through.

116. B — This choice is strongest because Research translation requires attention to evidence quality, context, readiness, resources, stakeholders, fidelity, adaptation, and outcomes. Blind replication may not fit local conditions, while excluding stakeholders weakens feasibility. A staged approach can preserve essential mechanisms while adapting delivery responsibly. It keeps equity and safe integration visible.

117. C — This choice is strongest because A spirit of inquiry treats thoughtful questions as opportunities to examine evidence, assumptions, and outcomes. Leaders can define the question and organize a test without promising a predetermined change. Dismissal, demanding a finished replacement, or defensiveness discourages learning and makes hidden process weaknesses harder to detect. It supports deliberate executive follow-through.

118. D — This choice is strongest because Average improvement can conceal subgroup harm. Stratification and stakeholder-informed review help leaders understand access, social barriers, care processes, and unintended effects. Removing complex cases or relying on one efficiency measure erases inequity; immediate reversal without analysis may discard useful components that could be redesigned. It keeps equity and safe integration visible.

119. D — This choice is strongest because Readmission rates reflect clinical care, transitions, follow-up, access, social conditions, and case mix. Risk adjustment and stratification improve interpretation but do not excuse poor processes or erase inequity. Unadjusted ranking, clinician blame, and exclusions can misdirect improvement and punish teams serving higher-need populations. It keeps equity and safe integration visible.

120. C — This choice is strongest because Patient-centered delivery evaluates whether people can understand and use care instructions in their real context. Co-design can identify language, literacy, technology, and timing barriers. More pages, website assumptions, and handoff documentation measure activity rather than whether patients can obtain help safely. It keeps equity and safe integration visible.

121. A — This choice is strongest because Predictive analytics can support decisions but introduces risks involving bias, drift, false alerts, accountability, and workflow. Leaders need local validation, human oversight, clear escalation, and monitoring. Interface appeal, replacing judgment, and vendor-only performance do not establish safe or equitable deployment. It keeps equity and safe integration visible.

122. B — This choice is strongest because Interoperability includes the ability of systems to exchange, access, and use information consistently. Mismatched identifiers can create duplicate records, missing data, or patient-safety risks. Staffing, survey length, and reimbursement are separate concerns and do not describe the technology problem. It keeps equity and safe integration visible.

123. B — This choice is strongest because Cybersecurity response balances containment, continuity, evidence preservation, communication, and coordinated decision-making. Continuing normal use may

spread harm; erasing systems can destroy evidence; and fragmented messaging creates confusion. Leaders should use established incident response roles and keep patient safety and essential operations visible. It keeps equity and safe integration visible.

124. D — This choice is strongest because Overall accuracy can conceal clinically important subgroup harm. Leaders should examine representation, labels, calibration, performance, and mitigation before deployment or expansion. Excluding the group or using an informal test shifts risk onto patients and avoids the governance duty to evaluate equitable performance. It keeps equity and safe integration visible.

125. C — This choice is strongest because Alert fatigue occurs when excessive or low-value notifications reduce attention and response to meaningful signals. Leaders should monitor alert burden, value, timing, override patterns, and safety effects, then refine governance. More alerts do not automatically mean better communication or safer decision-making. It keeps equity and safe integration visible.

126. A — This choice is strongest because Downtime planning preserves essential information, communication, medication safety, documentation, and later reconciliation. Tested workflows and practice are necessary because online instructions may be inaccessible during an outage. Delaying care or creating uncoordinated workarounds can create omissions, duplication, and unsafe transitions when systems return. It keeps equity and safe integration visible.

127. D — This choice is strongest because Technology succeeds when it fits work, users, context, and patient-safety needs—not merely when it operates. Usability evaluation examines cognitive burden, access, workflow, training, and feedback. More features, blame, and uptime alone overlook why a technically sound tool may fail in practice. It keeps equity and safe integration visible.

128. B — This choice is strongest because System integration is sociotechnical: technology, data definitions, workflows, governance, roles, and accountability must align. Technical connection without shared meaning can move inconsistent data faster. Local autonomy, vendor control, and deferred workflow decisions create ambiguity and operational risk. It keeps equity and safe integration visible. Governance makes interfaces operationally safe.

129. C — This choice is strongest because Local validation tests whether a model generalizes to the organization's population, workflows, data quality, and changing conditions. Performance can vary across time and groups, so monitoring must continue after launch. Vendor results and single-period testing are useful background, not sufficient assurance. It keeps equity and safe integration visible.

130. A — This choice is strongest because Emergency care delivery requires coordinated continuity planning across infrastructure, people, supplies, communication, transfers, triage, and recovery. Generators are important but do not address the full care system. Immediate closure or isolated plans can create dangerous gaps and inconsistent decisions across sites. It keeps equity and safe integration visible.

131. C — This choice is strongest because Equitable care delivery considers who can access the intervention, who benefits, and who bears new burdens. Flexible scheduling, alternate modalities, and

subgroup evaluation can reduce barriers. Average outcomes and forced telehealth may conceal exclusion, while access directly affects whether a clinical benefit can be realized. It supports deliberate executive follow-through.

132. B — This choice is strongest because Safe transitions connect inpatient care with the patient's next setting and daily reality. Early planning, medication reconciliation, caregiver involvement, follow-up coordination, teach-back, and clear warning signs reduce gaps. A last-minute packet, self-arrangement, or signature measures paperwork rather than continuity and comprehension. It keeps equity and safe integration visible.

133. A — This choice is strongest because Accreditation evidence should connect expectations, implementation, measurement, learning, and oversight. A policy or anecdote may support the story but cannot demonstrate reliable performance over time. Disbanding the team does not prove sustainability; leaders need evidence that the process is embedded and monitored. It keeps equity and safe integration visible.

134. D — This choice is strongest because A learning health system creates feedback loops between care delivery, data, evaluation, knowledge, and improvement. It still requires governance, privacy, valid measurement, and stakeholder trust. Static compliance, one-time research, and marketing dashboards do not describe a continuous learning-and-care cycle. It keeps equity and safe integration visible.

135. D — This choice is strongest because Executive sensemaking turns fragmented information into a shared, testable understanding of the problem. Leaders should compare perspectives, examine data quality, and distinguish symptoms from drivers before committing resources. Choosing by size, visibility, or technology availability can narrow the diagnosis prematurely and produce an intervention that misses the system cause. It supports deliberate executive follow-through.

136. B — This choice is strongest because Boundary-spanning leadership connects people and organizations that have different authorities, incentives, data, and cultures. Shared outcomes, clear roles, reciprocal commitments, and escalation routes reduce gaps across the patient journey. Local optimization, hospital dominance, or informal promises can leave accountability unclear when work crosses organizational boundaries. It supports deliberate executive follow-through.

137. C — This choice is strongest because Stewardship requires leaders to make resource tradeoffs openly and according to relevant criteria. Need, benefit, equity, feasibility, and opportunity cost provide a defensible basis for comparison. Sponsor influence, equal division, or publicity may affect context, but none alone demonstrates that the allocation is responsible. It supports deliberate executive follow-through.

138. A — This choice is strongest because Support and accountability are different. An initiative needs defined outcomes, owners, review points, and decision rights so leaders can learn and act. Additional sponsors, visibility, or broad policy language may create momentum, but without measures and ownership they do not establish whether the work is producing value. It supports deliberate executive follow-through.

139. D — This choice is strongest because A learning agenda makes assumptions and questions visible and creates planned opportunities to test, reflect, and adapt. Closing-only evaluation delays learning, while recording only successes distorts organizational memory. Common measures can help comparison, but each initiative also needs measures suited to its purpose and risk. It supports deliberate executive follow-through.

140. A — This choice is strongest because Risk appetite is the amount and type of uncertainty an organization is willing to pursue in relation to its objectives. Governance translates it into limits, controls, monitoring, and escalation. Private project decisions, blanket avoidance, and vendor transfer do not remove accountability for organizational risk. It supports deliberate executive follow-through.

141. B — This choice is strongest because A healthy safety culture includes trust in reporting, fair response, learning, and visible leadership follow-through. High teamwork does not cancel a lack of confidence in fairness. Delayed review, favorable-only measurement, or more punishment can reduce reporting and weaken the organization's ability to learn. It reinforces process learning and prevention.

142. C — This choice is strongest because Policy governance should make documents current, coherent, evidence-informed, owned, approved, and retired when no longer useful. Adding policies increases conflict; indefinite local variation fragments practice; and informal knowledge is vulnerable to turnover. A managed policy system supports reliable care and reduces cognitive burden. It reinforces process learning and prevention.

143. B — This choice is strongest because Accreditation readiness is strongest when everyday practice matches standards and leaders can show evidence of monitoring, correction, and sustainability. A binder, memorized answers, or last-minute reminders may produce a short-term appearance but will not demonstrate reliable performance or organizational learning. It reinforces process learning and prevention.

144. D — This choice is strongest because Reliable quality information depends on shared definitions, data ownership, validation, version control, and discrepancy resolution. Averaging or choosing by volume does not solve a definitional conflict. Publishing an ambiguous measure invites different interpretations and can lead leaders to make inconsistent or unjustified decisions. It reinforces process learning and prevention.

145. A — This choice is strongest because Early turnover often reflects the transition between entry and sustained practice, including workload, belonging, support, role clarity, and confidence. Recruitment alone does not address retention. Additional shifts may worsen strain, and annual appraisal comes too late to detect preventable barriers. It protects fairness and workforce accountability.

146. C — This choice is strongest because A clinical career ladder recognizes progression through competencies, contribution, development, and transparent criteria rather than tenure alone or movement into management. Titles without substance do not create professional growth. A ladder should value clinical expertise and organizational contribution while preserving fair, evidence-based advancement. It protects fairness and workforce accountability.

147. C — This choice is strongest because Participation shows reach, not necessarily effect. Leaders should distinguish implementation measures from outcomes such as trust, voice, belonging, and retention intent, then examine which components were delivered and experienced. Declaring success or failure from participation alone can misdirect resources and obscure useful learning. It protects fairness and workforce accountability.

148. A — This choice is strongest because Labor-management collaboration is strengthened by honoring negotiated processes, sharing relevant evidence, understanding interests, and keeping safety central. Announcement-first tactics and withheld data reduce trust. Asking staff to choose sides before clarifying process can polarize the issue and make a workable agreement less likely. It protects fairness and workforce accountability.

149. D — This choice is strongest because Care coordination requires clear accountability, reliable information transfer, and confirmation that the receiving team acted. Patients should be partners, not the sole information system. More destinations and referral volume do not establish continuity; closed-loop processes help detect missing information and unresolved needs. It keeps equity and safe integration visible.

150. B — This choice is strongest because Technology that influences clinical prioritization requires governance beyond technical testing. Leaders need clear authority, nurse input, human oversight, monitoring, training, and a controlled response when harm or drift appears. Vendor design and technical functionality are relevant, but they do not transfer organizational accountability for care decisions. It supports deliberate executive follow-through.