

Board of Governors in Healthcare Management (ACHE) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What does a robust healthcare management system facilitate?**
 - A. Lower salaries for healthcare staff**
 - B. Reduction in patient engagement**
 - C. Efficient data handling and care coordination**
 - D. Increased paperwork and bureaucracy**
- 2. Which of the following is NOT a legitimate reason to release information from a patient's medical record?**
 - A. Subpoenaed by a court order**
 - B. Requested by the spouse or next of kin**
 - C. The patient becomes incompetent**
 - D. For reporting statistics in research**
- 3. What best describes a facilities development plan for a physical plant?**
 - A. A completed plan of changes to the plant**
 - B. A projection of cash flow for projects**
 - C. A list of changes, sequence, and costs for capacity**
 - D. A feasibility study of funding alternatives**
- 4. Who should comprise the healthcare information systems steering committee?**
 - A. The CEO, CIO, and the governing board chair**
 - B. Representatives of administration and physicians leadership**
 - C. The CIO and senior system analysts**
 - D. The CIO and outside technical consultants**
- 5. Which of the following is NOT recognized as a patient right?**
 - A. Received considerate and respectful care**
 - B. Access protective services**
 - C. Communicate with caregivers in any language**
 - D. Be informed about participation in care decisions**

6. What should healthcare organization bylaws include regarding the governing board?

- A. Committee scope and function**
- B. The privileges of the medical staff**
- C. The names of the stockholders in the organization**
- D. Composition of the governing board, committee, and officers**

7. What is a fundamental aspect of ethical healthcare leadership?

- A. Maximizing profitability**
- B. Encouraging competition**
- C. Promoting transparency and accountability**
- D. Minimizing regulations**

8. What is the impact of regulatory compliance on healthcare management?

- A. It promotes financial growth and profit maximization**
- B. It ensures adherence to laws and regulations, reducing legal issues**
- C. It facilitates patient engagement and communication**
- D. It streamlines employee management and training**

9. What major benefit does the integrative dimension of negotiation provide compared to the distributive dimension?

- A. Value of the Best Alternative to a Negotiated Agreement is increased**
- B. Value of the Best Alternative to a Negotiated Agreement is decreased**
- C. Simplification of the complexity of the negotiation process**
- D. Increased amount of resources, allowing both parties to reach their reservation prices**

10. Which method is NOT used to establish marketing budgets?

- A. The affordable method**
- B. Objective and task method**
- C. Competitive-based method**
- D. Consumer purchasing behavior estimation**

Answers

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1. C
2. B
3. C
4. B
5. C
6. D
7. C
8. B
9. D
10. D

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Explanations

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1. What does a robust healthcare management system facilitate?

- A. Lower salaries for healthcare staff**
- B. Reduction in patient engagement**
- C. Efficient data handling and care coordination**
- D. Increased paperwork and bureaucracy**

A robust healthcare management system is essential for improving the overall effectiveness of healthcare delivery. It facilitates efficient data handling and care coordination by streamlining the processes associated with patient management, record-keeping, and communication among healthcare providers. Such systems enable the accurate and timely collection, analysis, and sharing of data, which is crucial in making informed clinical decisions and improving patient outcomes. Additionally, coordinated care among various providers leads to better continuity of care for patients, reducing the likelihood of errors and enhancing the overall patient experience. Furthermore, an effective management system tends to minimize administrative burdens and promotes workflows that optimize the allocation of resources, thereby supporting better patient engagement rather than reduction. It also aims to reduce unnecessary paperwork and bureaucracy through digital tools that automate routine tasks, improving efficiency and allowing healthcare professionals to focus more on patient care rather than administrative duties.

2. Which of the following is NOT a legitimate reason to release information from a patient's medical record?

- A. Subpoenaed by a court order**
- B. Requested by the spouse or next of kin**
- C. The patient becomes incompetent**
- D. For reporting statistics in research**

The correct choice regarding which option is not a legitimate reason to release information from a patient's medical record is the request by the spouse or next of kin. Medical records are protected under laws such as the Health Insurance Portability and Accountability Act (HIPAA), which establishes strict guidelines for the confidentiality and privacy of patient information. Only certain individuals have the right to access a patient's records without explicit consent from the patient. This means that simply being a spouse or next of kin does not automatically confer the right to access the medical record, especially if the patient has not provided consent or if there are specific legal documents such as a power of attorney that dictate otherwise. In contrast, legal mandates, such as a subpoena from a court order, provide legitimate grounds for the release of medical information, as compliance with the law takes precedence over privacy concerns in such cases. Similarly, if a patient becomes incompetent, legal representatives or guardians typically have the right to access necessary records to make informed decisions on behalf of the patient. Finally, the release of information for statistical reporting in research is acceptable as long as it is anonymized and does not compromise patient confidentiality. Thus, these conditions underscore the importance of having explicit consent or legal justification before sharing a patient's medical information.

3. What best describes a facilities development plan for a physical plant?

- A. A completed plan of changes to the plant
- B. A projection of cash flow for projects
- C. A list of changes, sequence, and costs for capacity**
- D. A feasibility study of funding alternatives

A facilities development plan for a physical plant is best described as a comprehensive document that outlines the necessary changes needed to enhance a facility's capacity. This type of plan not only identifies specific modifications but also details their sequence and associated costs, which is essential for effective project management and financial planning. This thorough approach allows healthcare organizations to strategically assess how to expand or upgrade their facilities to better meet patient needs and operational demands. By focusing on capacity changes, the plan ensures that all necessary upgrades are planned out in a logical order, allowing the organization to implement changes efficiently while minimizing disruptions. In contrast, while the completed plan of changes or a projection of cash flow may be components of the broader facilities development plan, they do not encapsulate the full scope of listing changes, sequencing, and costs specific to capacity needs. Similarly, a feasibility study regarding funding alternatives, although important, is part of an earlier phase of planning and does not focus solely on the specific changes required for the facility's operational enhancements.

4. Who should comprise the healthcare information systems steering committee?

- A. The CEO, CIO, and the governing board chair
- B. Representatives of administration and physicians leadership**
- C. The CIO and senior system analysts
- D. The CIO and outside technical consultants

The healthcare information systems steering committee should include representatives from administration and physician leadership because these members play a crucial role in the alignment of the healthcare organization's strategic goals with the implementation and management of information systems. Effective decision-making in healthcare technology requires input from various stakeholders who understand both the operational needs of the institution and the clinical perspective essential for patient care. Involving administrative representatives ensures that the committee can make informed choices aligned with the organization's priorities and resource constraints. Physician leadership is equally important as it brings clinical insight into how information systems can enhance patient care, facilitate workflows, and support clinical decision-making. This collaboration fosters a comprehensive approach to healthcare technology, ensuring that it serves the needs of the entire organization and improves overall efficiency and effectiveness. Including other roles, such as the CIO or technical consultants, while valuable, does not provide the necessary breadth of perspective from clinical and operational viewpoints that are essential for effective governance and oversight of information systems.

5. Which of the following is NOT recognized as a patient right?

- A. Received considerate and respectful care**
- B. Access protective services**
- C. Communicate with caregivers in any language**
- D. Be informed about participation in care decisions**

The correct answer is based on the understanding that while patients have many rights concerning their treatment and interaction with healthcare professionals, the right to communicate in any language is not universally recognized as a formal patient right. Patient rights typically emphasize aspects such as the right to considerate and respectful care, being informed about their care decisions, and accessing protective services when necessary. These rights focus on the quality of care and patients' ability to participate actively and knowledgeably in their healthcare processes. While healthcare settings strive to accommodate communication needs, particularly in diverse populations, it is not recognized as a formal right that guarantees communication in any language without limitations. Therefore, this distinction highlights the framework of standard patient rights versus accommodations that may be provided based on institutional capabilities or available resources.

6. What should healthcare organization bylaws include regarding the governing board?

- A. Committee scope and function**
- B. The privileges of the medical staff**
- C. The names of the stockholders in the organization**
- D. Composition of the governing board, committee, and officers**

The inclusion of the composition of the governing board, committee, and officers in healthcare organization bylaws is essential because these elements provide clarity and structure to the organization's leadership framework. It defines who is responsible for governance, outlines accountability, and establishes the organization's hierarchy. By detailing the composition, including the number of members, qualifications, and any requisite diversity, the bylaws help ensure that the governing board is equipped to make informed decisions that lead to effective governance and the attainment of the organization's goals. In contrast, while the scope and function of committees might be important for operational effectiveness, they do not directly pertain to the overarching structure of governance provided by the bylaws. The privileges of the medical staff, although crucial for operational execution within healthcare organizations, are typically governed by separate policies or regulations rather than being a primary focus of the bylaws. Additionally, including the names of stockholders may not be relevant or appropriate in the bylaws, especially in non-profit healthcare organizations that do not operate with traditional stockholder structures.

7. What is a fundamental aspect of ethical healthcare leadership?

- A. Maximizing profitability**
- B. Encouraging competition**
- C. Promoting transparency and accountability**
- D. Minimizing regulations**

Promoting transparency and accountability is a fundamental aspect of ethical healthcare leadership because it fosters trust between healthcare organizations and the communities they serve. Ethical leaders prioritize open communication, which helps to ensure that stakeholders, including patients, employees, and regulatory bodies, are aware of policies, practices, and financial dealings. This transparency is essential for establishing credibility, encouraging ethical behavior among staff, and enhancing the overall quality of care provided. Transparency allows leaders to demonstrate how decisions are made, particularly in areas such as patient care, resource allocation, and organizational governance. Accountability ensures that leaders are responsible for their actions and decisions, which reinforces ethical standards within the organization. By focusing on these principles, healthcare leaders can navigate complex ethical dilemmas while prioritizing patient welfare, thereby contributing to a culture of integrity and ethical practice in healthcare.

8. What is the impact of regulatory compliance on healthcare management?

- A. It promotes financial growth and profit maximization**
- B. It ensures adherence to laws and regulations, reducing legal issues**
- C. It facilitates patient engagement and communication**
- D. It streamlines employee management and training**

Regulatory compliance in healthcare management plays a critical role in ensuring that healthcare organizations adhere to established laws and regulations designed to protect patients and ensure the quality of care provided. By maintaining compliance, healthcare entities can significantly mitigate the risk of legal issues, such as lawsuits or penalties, stemming from non-compliance with health laws and safety standards. This responsibility encompasses various aspects, including patient privacy under HIPAA, billing practices, and the adherence to clinical guidelines. When healthcare organizations comply with relevant regulations, they not only protect themselves legally but also build trust with patients and stakeholders. This trust is fundamental in fostering a culture of safety and quality within the institution. Furthermore, compliance ensures that organizations are operating within ethical standards, ultimately benefiting patient care and organizational reputation. The other options, while they touch on potential benefits related to healthcare management, do not capture the primary impact of regulatory compliance as directly as the aspect of legal adherence does. Financial growth, patient engagement, and employee management are important elements of healthcare administration, but they are often influenced indirectly by the foundation built through regulatory compliance.

9. What major benefit does the integrative dimension of negotiation provide compared to the distributive dimension?

- A. Value of the Best Alternative to a Negotiated Agreement is increased**
- B. Value of the Best Alternative to a Negotiated Agreement is decreased**
- C. Simplification of the complexity of the negotiation process**
- D. Increased amount of resources, allowing both parties to reach their reservation prices**

The integrative dimension of negotiation focuses on collaboration and seeks to expand the available resources so that both parties can achieve their respective goals. This approach emphasizes exploring mutual interests and creating win-win situations, often resulting in increased value for both sides. By identifying shared interests and brainstorming creative solutions, both parties can unlock additional resources or benefits, enabling them to meet or exceed their reservation prices—the minimum acceptable outcomes for both parties. In contrast, the distributive dimension of negotiation operates under the assumption that resources are limited, creating a competitive environment where one party's gain is the other party's loss. This zero-sum perspective can constrain negotiations, leading to suboptimal outcomes where neither party fully realizes their potential benefits. Thus, the integrative approach transforms the negotiation landscape by promoting cooperative problem-solving and resource enhancement, ultimately allowing both parties to come away satisfied with the agreement.

10. Which method is NOT used to establish marketing budgets?

- A. The affordable method**
- B. Objective and task method**
- C. Competitive-based method**
- D. Consumer purchasing behavior estimation**

The chosen answer is appropriate because consumer purchasing behavior estimation is primarily a research approach that focuses on analyzing consumer patterns and preferences rather than directly establishing a marketing budget. Marketing budgets typically rely on specific methods that provide structured frameworks for determining how much money should be allocated for marketing activities. The affordable method involves setting the budget based on what the company can afford after other expenses are covered. The objective and task method requires defining clear objectives and determining the costs associated with tasks needed to achieve those objectives, making it a very strategic and calculated approach. The competitive-based method involves analyzing what competitors are spending and basing your budget on that information, ensuring that marketing efforts remain competitive in the marketplace. In contrast, while understanding consumer purchasing behavior is important for shaping overall marketing strategy and messaging, this understanding does not directly correlate to setting a budget. Therefore, it does not align with the typical methodologies that are used specifically for establishing marketing budgets.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://ache-boardofgovernors.examzify.com>

We wish you the very best on your exam journey. You've got this!

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