

APPENDIX E:
MANUAL IMPLEMENTATION
OF WMSN

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Classification of patients into acuity categories by a professional nurse is the first step in the manual process. This classification entails the selection of critical indicators based on the nursing actions planned for each patient as documented in the nursing care plan and medical orders. Points for each critical indicator are totalled and the patient category determined by matching the total points with the appropriate category range. The patient acuity category is minimally documented on the unit nursing report.

Note for Manual Implementation of the WMSN: When more than one type of patient is classified on a nursing unit (for example, pediatric patients are admitted to a medical/surgical unit) determine the NCHs by using the NCHs requirements chart in Appendix A that corresponds to the type of patient. However, when determining the number and mix of personnel use the daily personnel requirements chart in Appendix B that represents the majority of patients. For example, if pediatric patients are admitted to a mixed unit, yet the majority of patients are Medical-Surgical, use the Medical/Surgical Unit Daily Personnel Requirements chart to determine the number and mix of recommended staff.

Patient Acuity Worksheet:

The Patient Acuity Worksheet (general or psychiatric) will be completed by the professional nurse who is responsible for the care of the patients classified. The Patient Acuity Worksheet will be completed as follows:

- Only one patient will be classified on each form. A section has been provided for patient and nursing unit identification. This information may be entered by the nursing unit clerk or a designated paraprofessional.
- To ensure system accountability, the initials and last four digits of the Social Security Number of the professional nurse classifying the patient are placed in the appropriate sections, along with the date and time of classification. The Patient Acuity Worksheet is designed to accommodate multiple classifications on a single patient. The form may be used until completed or until the patient is discharged.

Procedure For Patient Classification:

- To determine the acuity category of a specific patient, the professional nurse selects the critical indicators that pertain to the patient based on the documented nursing and medical

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orders, and writes the associated point value in the box to the right of each selected indicator in the classification date column. The points are subtotaled for each column and then totaled and recorded at the bottom of the column on the back of the form in the box labeled "Total Point Value". This procedure is repeated each time the patient is classified, **(at least daily)**.

- Determine the patient's category by matching the total points with the appropriate point range located on the back of the form. Record the patient's acuity category in the box marked "Category" at the bottom of each column on the back of the worksheet.

- Document the patient's acuity category daily on the unit nursing report and elsewhere as directed by the Department of Nursing. Check the appropriate box for the type of patient classified.

- After all patients have been classified, total the number of patients in each category. Record the total number of patients per acuity category on the Daily Summary Sheet. Proceed to Staffing Methodology below and follow instructions for determining the nursing care hours required and the number and mix of nursing personnel.

Staffing Methodology: Nursing Care Hour Requirements Charts

Nursing Care Hour Requirements Charts are used to determine the total nursing care hours required for the succeeding twenty-four hour period. There are seven charts that correspond to seven types of nursing units: medical/surgical, intensive care, neonatal intensive care, newborn nursery, antepartum/postpartum, pediatric, and psychiatric. Each chart has unique numbers of direct care hours per category and unique amounts of indirect care hours per type of clinical area factored within it.

A patient in category "0" is one who is on pass or resides elsewhere. Once the number of patients per category has been totalled, the appropriate chart is used to determine the total number of nursing care hours. The procedure for use of the charts is as follows:

- Determine the number of patients per category.
- Go to the appropriate Nursing Care Hour Requirements Chart (Appendix A)
- Total the required nursing care hours.
- Record the total number of nursing care hours required on the

Daily Summary Sheet.

- Proceed to the Daily Personnel Requirements Charts.

The Daily Personnel Requirements Charts:

The Daily Personnel Requirements Charts are used to determine the number and mix of personnel required to provide the nursing care projected by the Nursing Care Hour Requirements Charts. There are seven Daily Personnel Requirements Charts that correspond with the seven Nursing Care Hour Requirements Charts.

The appropriate chart must be used when determining the number and professional/paraprofessional mix of personnel, e.g., use the Medical-Surgical Personnel Requirements Chart to determine the number and mix of personnel to provide the nursing care hours projected by the Medical-Surgical Nursing Care Hours Requirements Chart. When more than one type of patient is classified on a nursing unit, i.e., pediatric patients are admitted to a medical/surgical unit, determine the nursing care hours by using the Nursing Care Hours Requirements Chart that corresponds to the type of patient (Appendix A). However, when determining the number and mix of personnel, use the Daily Personnel Requirements Chart that represents the majority of patients, in this case, the Medical-Surgical Daily Personnel Requirements Chart (Appendix B).

The total 24 hour staff reflected in these charts represents only the number of personnel required to provide patient care. Personnel required for administrative support (the Head Nurse and Ward Master), are not included in the total number and must be added as a +2 for the day shift requirements, Monday through Friday. Do not add Head Nurse and Ward Master positions on weekends and holidays. A sample procedure for determining daily personnel requirements follows:

Sample Procedure for Determining Daily Personnel Requirements:

Note: The NCH requirements must be determined from Appendix A prior to using this procedure.

a. Using the daily personnel requirements chart that corresponds to the type of unit, locate the column labeled NCH Range (left column). Proceed down the column and select the number range that contains the number of NCH calculated from the NCH requirements charts. For example, using the Medical/Surgical Unit Daily Personnel Requirements charts for 8 hour shifts, the range for a unit requiring 85 NCHs is 81 to 88 hours.

b. Proceed horizontally across the chart to determine the total number and mix of personnel required for the next 24 hours. In this example, 85 NCHs requires a total staff of 11 for a 24 hour period.

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c. Proceed horizontally across the chart to determine the number of RNs and paraprofessionals, LPNs, and nursing assistants (NAs) required per shift.

d. Add one additional RN and LPN to the total 24 hour staff for the day shift, Monday through Friday, to account for the HN and WM. For example, 85 NCHs from the previous example, require a total of 11 staff for 24 hours. On weekdays the staff total would be 13. Review the following example.

	Days	Evenings	Nights
RNs	2 + 1 (HN)	RNs 2	RNs 1
LPNs	1 + 1 (WM)	LPNs 1	LPNs 0
NAs	<u>2</u>	NAs <u>1</u>	NAs <u>1</u>
Total	7	4	2

NOTE: In some instances, daily personnel requirements determined using the above procedures may vary by one person from those calculated by the automated systems. This is due to the more precise rounding of the automated formulas. In addition, shift to shift staffing mix in the manual charts reflects a different rounding method, and may vary slightly from the automated reports. Slight differences in these numbers should not be construed as errors, but as variances due to different rounding methodologies.

The Daily Summary Sheet

The patient classification data, the recommended number and mix of personnel and the number and mix of personnel actually scheduled to work are recorded on the Daily Summary Sheet. The difference in actual versus WMSN required staffing and adjustments made are also recorded on this form. The professional assessment regarding the nursing requirements and adjustments to the staffing should be note here. The procedure for use of the Daily Summary Sheet is as follows:

- Fill in the sections identifying the hospital, date, and type of nursing unit.
- Transcribe the number of patients in each category from the Patient Classification Worksheets and total the column.
- Select the appropriate Nursing Care Hour Requirements Chart for the type of nursing unit.

- Enter the nursing care hours required for each category in the appropriate box.
- Total the boxes to get total care hours required.
- On the Daily Summary Sheet under "Personnel", record the number of actual staff who are scheduled to work each shift in the "Actual" block.
- Select the appropriate Daily Personnel Requirements Chart.
- Match the total nursing care hours required to the total hours column on the selected chart to find the 24 hour staffing distribution. Enter the number of professional nurses and paraprofessionals recommended by the WMSN in the appropriate blocks.
- In the "Difference" block, record discrepancies between staff actually scheduled and staff recommended by the WMSN. For example, if two professional nurses were scheduled but three were recommended by the WMSN, enter "-1" in the "Difference" block. Do the same for paraprofessional staff.
- "Changes" or adjustments are recorded on the Daily Summary Sheet to document when personnel are added or pulled. When possible, staff from nursing units that show a +1 should be moved to nursing units that show -1. Record the number of staff who actually worked the shift in the "TOTAL" block. Do not count orientees.

NOTE: Personnel are to be reflected as "Changes" on the Daily Summary Sheet only if they are scheduled to work but have to be pulled from the unit for 4 hours or more for ambulance runs, etc. (Enter -.5 for 4 hours, and -1.0 for 8 hours.) On units where personnel are added to actually scheduled staff, add +.5 for 4 hours, and +1.0 for 8 hours.

- Record the number of orientees assigned to work each shift in the "Orientees" block. (Do not include orientees in the total even though it may be necessary to utilize orientees to fill shortages when other resources are not available.)

NOTE: All new personnel reporting to nursing service should be considered orientees for the period prescribed by each respective organization. Nurse interns, Phase II paraprofessional trainees, and reservists unfamiliar with the nursing unit should also be considered orientees.

- Retrospectively record the number of admissions per shift.

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