THE WORKLOAD MANAGEMENT SYSTEM FOR NURSING INTERNET USER MANUAL

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Preface

The Workload Management System for Nursing (WMSN) was a joint effort of the U.S. Army Nurse Corps and the U.S. Navy Nurse Corps to develop a patient classification system that would capture nursing workload based on patient acuity and provide guidelines for effective and efficient allocation and utilization of personnel. Since its implementation in 1985, the WMSN has evolved into a multiple purpose nursing management information system. In December 1986, the U.S. Army Manpower Requirements and Documentation Agency approved incorporation of the WMSN into the Manpower Staffing Standards System (MS-3). As an MS-3 staffing standard, information generated by the system is used to determine manpower requirements for inpatient nursing units Army-wide (this system branch known as WMSN-Army or WMSN-A). In March 1989, the Office of the Assistant Secretary of Defense, Health Affairs, adopted the WMSN as the basis of the Joint Manpower Staffing Standards for all three Services.

The WMSN-A Refresh, now the WMSNi, is a step toward Modernization. The Refresh has given the application a contemporary format as well as many new and convenient features. Previously calculated through the subsystem UCAPERS, workload management for Post-Anesthesia Care (PACS) and Labor and Delivery (LADS) units is now fully integrated into the WMSNi. What distinguishes the Refreshed system is that the WMSNi is now a centralized web-based application with a contemporary user interface. Data can be inputted through easy-to-use features, adding and retrieving information is as simple as clicking a button, and information entered is immediately employable. One new feature in the WMSNi is a scheduling component where administrative staff can create and post staffing schedules. All staff will be able to access their specific schedule through the system. Another plus in the application is the real-time multidimensional reporting analysis capabilities. Several reporting features allow users to analyze trends in the WMSNi and devise and implement staffing strategies much more quickly than before.

The WMSNi has been designed for usability. Likewise, this manual has been composed for the end user with ease of use in mind. Each chapter covers a component, or tab, in the WMSNi application and then discusses how to use the different features within that tab through simplified step-by-step instructions.

Comments and Questions

You can help improve this user manual. Please send any comments, suggestions, or questions to:

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Introduction

Welcome to the WMSNi. This user manual will assist the end users as they navigate through and utilize the WMSNi application.

The WMSNi is a tool used in determining sufficient staffing for inpatient care units, PAC units (PACUs), and LAD units (LADUs). However, it should be noted that staffing decisions should not be made on the basis of WMSNi data only. It is important to use WMSNi projections and reporting along with professional insight in order to make acute staffing decisions.

Patient classification in inpatient care is the foundation of the WMSNi. Calculated required manpower is factored into a formula to project required manpower for the next 24 hour period. The formula also allows for time spent in indirect care activities and other contingencies. To ensure WMSNi reliability, maintenance of the classification process is supported through Inter-Rater Reliability testing quarterly and as needed.

Data entered into the WMSNi for PACs and LARDS does not prospectively project manpower requirements for these units. Reports generated for PACUs and LADUs simply reflect acuity points recorded during patient classification. Each critical indicator frequency (acuity points) recorded during patient classification is equal to 7.5 minutes. The total number of acuity points for each patient in a specific ward is factored into a formula to project required manpower for the next 24 hour period.

Nursing is an art; and if it is to be made an art, it requires an exclusive devotion as hard a preparation as any painter's or sculptor's work, for what is the having to do with dead marble, compared with having to do with the living body, with the temple of God's spirit? Is one of the fine arts. Had almost all the finest of fine arts. - Florence Nightingale (1820-1910)
tual workload of the time period for which the data is entered. These reports can aid in the decision making for staff scheduling.

In this chapter, you will:

- Navigate the page under *Getting Started*.
- Find out what authorized access you have under *WMSNi User Access*.
- Access Frequently Asked Questions and support under *FAQ*.

### 1.1. Getting Started

The WMSNi Refresh System is a web-based application. Access to the application is found online. Contact **1-800-USAMITC**. User ward and authorization will automatically be identified when using a Common Access Card (CAC). Enter PIN for CAC to authenticate access.

### 1.2. WMSNi User Access

In the WMSNi, access to manage and view certain areas is dependent upon the user’s role. Here you will find what features are accessible within your role as a WMSNi user.

**Officer in Charge (OIC)**

The OIC will have access to view AND/OR manage the following features:

- Classifications
- IRR (all wards in MTF)
- PACS
- LADS
- MPF
- Patient Management
- Scheduling
- Reports

**Non-Commissioned Officer in Charge (NCOIC)**

The NCOIC will have access to view AND/OR manage the following features:

- Classification
- PACS
- LADS
- Patient Management

**Assistant Officer in Charge (Asst OIC)**

The Asst OIC will have access to view AND/OR manage the following features:
1.2. WMSNi User Access

- Classification
- IRR (for all wards in MTF)
- PACS
- LADS
- Patient Management
- Scheduling

**Charge Nurse (CN)**

The CN will have access to view AND/OR manage the following features:

- Classification for that ward.
- IRR (for all wards in MTF)
- PACS
- LADS
- Patient Management
- Scheduling

**Registered Nurse (RN)**

The RN will have access to view AND/OR manage the following features:

- Classification
- PACS
- LADS
- Scheduling

**Experienced RN Classifier**

The Experience RN Classifier will have access to view AND/OR manage the following features:

- Classification (for all wards in MTF)
- IRR (for all wards in MTF)
- PACS
- LADS

**Licensed Practical Nurse**

The Licensed Practical Nurse will have access to view AND/OR manage the following features:

- Scheduling

**Nurses Aid**

The Nurses Aid will have access to view AND/OR manage the following features:
Chapter: 1 Introduction

- Scheduling

**Clerical Assistant**

The Clerical Assistant will have access to view AND/OR manage the following features:
- PACS
- LADS
- MPF
- Patient Management
- Scheduling

**Section OIC**

The Section OIC will have access to view AND/OR manage the following features:
- Classification (for all wards in section)
- RR (for all wards in MTF)
- PACS
- LADS
- MPF (for all wards in section)
- Scheduling (for all wards in section)

**Section NCOIC**

The Section NCOIC will have access to view AND/OR manage the following features:
- Classification (for all wards in section)
- PACS
- LADS
- MPF (for all wards in section)
- Scheduling

**Nursing Supervisor**

The Nursing Supervisor will have access to view AND/OR manage the following features for the entire MTF:
- Classification (for all wards in MTF)
- PACS
- LADS
- Patient Management (for all wards in MTF)
- Scheduling (for all wards in MTF)

**MTF NMA**

The MTF NMA will have access to view AND/OR manage the following features:
• Classification will be available for all wards in the MTF.
• IRR (for all wards in MTF)
• MPF
• PACS
• LADS
• Patient Management
• Scheduling

**Department of Nursing NCOIC**

The Department of Nursing NCOIC will have access to view AND/OR manage the following features:

• Classification (for all wards in MTF)
• PACS
• LADS
• MPF (for all wards in MTF)
• Patient Management (for all wards in MTF)
• Scheduling (for all wards in MTF)

**Chiefs, DON**

The Chiefs, DON will have access to view AND/OR manage the following features:

• Classification (for all wards in MTF)
• IRR (for all wards in MTF)
• PACS
• LADS
• MPF (for all wards in MTF)
• Scheduling (for all wards in MTF)

**Quality Management Division**

The Quality Management Division will have access to view AND/OR manage the following features:

• Classification (for all wards in MTF)

**Regional Chief Nurse**

The Regional Chief Nurse will have access to view AND/OR manage the following features:

• Classification (for all wards in region)
• IRR (for all wards in region)
• PACS
• LADS
- MPF (for all wards in region)
- Scheduling (read only for all wards in region)

**Regional Nurse Staff Officer**

The Regional Nurse Staff Officer will have access to view AND/OR manage the following features:

- Classifications (for all wards in region)
- IRR (for all wards in region)
- PACS
- LADS
- MPF (for all wards in region)
- Scheduling (read only for all wards in region)

**MEDCOM/OTSG NMA/Staff Officers**

The MEDCOM/OTSG NMA/Staff Officers will have access to view AND/OR manage the following features:

- Classifications (for all wards in Army)
- IRR (for all wards in Army)
- PACS
- LADS (for all wards in Army)
- MPF (for all wards in Army)
- Patient Management (for all wards in Army)
- Local Army Tables (for all wards in Army)
- Scheduling (read only for all wards in Army)

**Onsite System Administrator**

The Onsite System Administrator will have access to view AND/OR manage the following features:

- Admin
- Classification (for all wards in MTF)
- IRR (for all wards in MTF)
- PACS
- LADS
- MPF (for all wards in MTF)
- Patient Management (for all wards in MTF)
- Local Army Tables (for all wards in MTF)
- Scheduling (for all wards in MTF)
Onsite System Trainer

The Onsite System Trainer will have access to view AND/OR manage the following features:

- Classification (for all wards in MTF)
- IRR (for all wards in MTF)
- PACS
- LADS
- MPF (for all wards in MTF)
- Patient Management (for all wards in MTF)
- Scheduling (read only for all wards in MTF)

USAMITC/ESD System Administrator

The USAMITC/ESD System Administrator will have access to view AND/OR manage the following features:

- Classification (for all wards in Army)
- IRR (for all wards in Army)
- PACS
- LADS
- MPF (for all wards in Army)
- Patient Management (for all wards in Army)
- Local Army Tables (for all wards in Army)
- Scheduling Access (for all wards in Army)
- Admin

1.3. Frequently Asked Questions (FAQ)

From the tab bar, select the FAQ tab. The page will be displayed as seen below in Figure 1-1. Here, users can view all frequently asked questions and have access to the Pentaho Analysis Viewer User Guide as well as the following support email where further questions or comments can be sent: support.wmsn@bitechnologies.com.
Chapter Objectives

2.1. Getting Started
2.2. Utilizing the Patient Manager

Patient Management

Patient information for patients admitted through the Composite Health Care System (CHCS) automatically feeds to the WMSNi. If necessary, admission can also be entered manually into the WMSNi. The Patient Manager allows the user to admit, transfer, and discharge patients as well as edit patient information. In this chapter, you will:

- Navigate the Patient Manager page and select a ward and patient (if necessary) under Getting Started.
- Admit, transfer, discharge and edit patient information under Utilizing the Patient Manager.

2.1. Getting Started

From the tab bar, select the Patient Mgr tab. The page will display as shown in Figure 2-1. If necessary, select a ward from the Organization Tree. This is located in the upper left hand corner of the page under Organization. Upon login AND/OR after a ward has been selected, a patient roster will appear as shown in Figure 2-1. This roster contains the names of patients currently admitted to this specific ward. On the right hand side of the page is

“To array a man's will against his sickness is the supreme art of medicine.”

~ Henry Ward Beecher
(1813-1887)
American Congregationalist, clergyman, social reformer, abolitionist, and speaker
the *Patient Manager* where admissions, transfers, discharges and edits to patient information are made.

![Figure 2-1. Patent Manager Page](image)

### 2.1.1. Selecting a Unit and Patient

Before manipulating patient information in the *Patient Manager*, users may first need to select a specific ward from the *Organization Tree* and patient.

**Organization Tree**

The *Organization Tree* is broken down by Regional Medical Command (RMC), Medical Treatment Facility (MTF), section, and ward. To select a specific ward:

1. Click the ![folder](folder) next to the appropriate Regional Medical Command.
2. Scroll down and click the ![folder](folder) next to your specific Medical Treatment Facility.
3. Select a ward.
4. If applicable, click the ![folder](folder) next to a section to select a ward.

At the top of the *Organization Tree*, you will see *open all* / *close all*. Clicking *open all* will expand the tree in its entirety, allowing the user to scroll straight to their individual ward. Clicking *close all* will return the tree to its default state. After you have selected a ward from the tree, the organization name will then be identified at the top of the *Patient Manager*.

**Patient Roster**

Once a nursing ward has been selected, a *Patient Roster* will appear in the lower left hand side of the page (see Figure 2-2). This roster displays the *Patient Name*, *Registrar #*, and *Status* of all patients admitted to the selected ward. Scrolling down to the bottom of the Patient Roster, page options allow users to navigate through roster pages in order to find a specific patient name (see Figure 2-3). Patients are listed in alphabetical order. To select a patient file to manage:

1. Scroll down the roster to the name of the patient.

---or---
If applicable, scroll down to the bottom of the roster to manipulate the page options.

- Click Next to jump to subsequent pages of the roster.
- Click Previous to jump to preceding pages of the roster.
- Click Last to jump straight to the last page of the roster.
- Click First to jump straight to the first page of the roster.

2. Click on the name of the patient.

After identifying the patient in the Patient Roster, patient information will then be displayed in the Patient Manager.

![Figure 2-2. Patient Roster](image1)
![Figure 2-3. Page Navigator](image2)

### 2.2. Utilizing the Patient Manager

Upon logging in or after you have identified a ward, the ward name will appear at the top of the Patient Manager, and patient information can be entered or edited just below. The following actions are available to choose from in the Patient Manager:

- **Edit**
- **Admit**
- **Transfer**
- **Discharge**
- **Cancel Discharge**

After identifying a patient in the Patient Roster, this patient information will appear in the Edit, Transfer, Discharge, and Cancel Discharge file tabs. This includes the following demographic information:

- **Registrar Number**
- **Patient Name**
2.2. Utilizing the Patient Manager

- Gender
- Age
- Illness Category
- Admission/Transfer/Discharge Date
- Admission/Transfer/Discharge Time
- Ward Admitted To/Transfer to Ward/Current Ward
- Patient Type
- Grade

Edit

A patient file to be edited must first be selected from the Patient Roster. Users can edit the Gender, Age, Illness Category, Patient Type, and Grade of patients admitted to the specified ward by clicking within the text box, clicking on the dropdown menu, or using the up/down arrows for each field. When you are finished editing patient information, simply click the Save Changes button at the bottom of the Edit file tab as pictured in Figure 2-4. Two other options, Cancel Patient Admission and Cancel Patient Transfer, are also available here to the right of Save Changes (labeled in Figure 2-4). If an admitted patient has not received a classification AND/OR has not been transferred to another ward, cancelation of a patient admission is possible under the Edit file tab by clicking the Cancel Patient Admission button. In addition, if a patient has been transferred to a ward and was not received in that ward nor had a classification performed by that ward, cancelation of a patient transfer is possible from that ward by clicking the Cancel Patient Transfer button.

Figure 2-4. Edit File Tab

Should information routing from CHCS to WMSNi be unavailable, patient admission information can be entered manually via the Admit file tab. This information, including Registrar Number, can be located on the admission documents for each patient. Users can enter patient admission information by clicking within the text box, clicking on the dropdown menu, or using the up/down arrows for each field. When you have finished entering patient
information, click the Admit Patient button at the bottom of the Admit file tab as pictured in Figure 2-5. To cancel an admission, refer to Edit above.

![Figure 2-5. Admit File Tab](image)

**Transfer**

Under the Transfer file tab, the patient information for the selected patient will appear. Here, patient information is static with the exception of Transfer Date, Transfer Time, and Transfer to Ward pictured in Figure 2-6. To transfer the selected patient:

1. Choose a Transfer Date using the calendar icon.
2. Type in the desired time in the Transfer Time text box.
3. Select a specific ward from the Transfer to Ward dropdown menu.
4. Click Transfer Patient at the bottom of the Transfer file tab.

This patient’s information is now available from the ward to which they were transferred. To cancel a transfer, refer to Edit above.
2.2. Utilizing the Patient Manager

Figure 2-6. Transfer File Tab

Discharge

Under the Discharge file tab, the patient information for the selected patient will appear. Here, patient information is static with the exception of Discharge Date and Discharge Time as pictured in Figure 2-7. To discharge a patient:

1. Choose a Discharge Date using the calendar icon.
2. Type the desired time in the Discharge Time text box.
3. Click Discharge Patient at the bottom of the Discharge file tab.

Figure 2-7. Discharge File Tab

In the Patient Roster, the Admission Status for the discharged patient will be DISCHARGED. After seven days, the patient name will no longer appear in the Patient Roster. To cancel a discharge, refer to Cancel Discharge below.
Cancel Discharge

Cancelation of a patient discharge can be made within seven days of the initial discharge. To cancel a patient discharge:

1. Scroll down the Patient Roster to the name of the patient for whom you would like to cancel discharge. The Admission Status will be DISCHARGED.

2. Click on the name of the patient. The Cancel Discharge file tab will become available (see Figure 2-8).

3. Click on the Cancel Discharge file tab. The patient discharge information will appear in the file tab.

4. Click the Cancel Patient Discharge button located at the bottom of the Cancel Discharge file tab.

In the Patient Roster, the patient Admission Status will now appear as ADMITTED, and the patient admission information is restored.
Managing Acuity Classification

Patient classification is the backbone of the WMSNi. It is the acuity points accrued per patient from the classification process which projects required workload, enabling each nursing ward to schedule appropriate number and mix of staff. Also, as mentioned in the preface of this user guide, workload management for LADS is no longer calculated by the subsystem UCAPERS. Though WMSNi workload output for LADS is not prospective, it is calculated from critical indicator points—as with general inpatient classification. The WMSNi classification component is designed for ease of use as well as efficiency. Simple tabs promote quick and convenient input of data. Once entered, information is immediately available for interpretation and analysis. In this chapter, you will:

- Navigate the Classifications page and select a ward and a patient to be classified under Getting Started.
- Enter critical indicator frequencies under Utilizing the Classifications Form.

Note: Classification must be made for every inpatient admission at a minimum of every 24 hours. Classifications will expire after 24 hours and become invalid.
3.1. Getting Started

From the tab bar, select the Classifications tab. The page will display as shown in Figure 3-1. If necessary, users may begin the classification process by selecting a ward from the Organization Tree. This is located in the upper left hand corner of the page under Organization. Once a ward has been selected, a patient roster will appear, as shown in Figure 3-1, containing the names of patients currently admitted to this specific ward. On the right hand side of the page is the Classifications Form which contains the Critical Indicators Chart where critical indicator frequencies are entered for each patient.

![Figure 3-1. Classifications Page](image)

Organization Tree

The Organization Tree is broken down by Regional Medical Command (RMC), Medical Treatment Facility (MTF), section, and ward. To select a specific ward:

1. Click the next to the appropriate Regional Medical Command.
2. Scroll down and click the next to your specific Medical Treatment Facility.
3. Select a ward.
4. If applicable, click the next to a section to select a ward.

At the top of the Organization Tree, you will see open all / close all. Clicking open all will expand the tree in its entirety, allowing the user to scroll straight to their individual ward. Clicking close all will return the tree to its default state. After you have selected a ward from the tree, the organization name will then be identified in the Information Area (see section 3.3) at the top of the Classifications Form.

Patient Roster

After logging in and selecting a ward from the Organization Tree if necessary, a Patient Roster will appear in the lower left hand side of the page (see Figure 3-2). This roster displays the Patient Name, Registrar #, and Status of all patients admitted to the selected ward. Here, Status is based on the patient’s current classification status. Patients can have Status of the following:
3.1. Getting Started

- **Ready (Unclassified)**—patient has not received a classification.
- **Ready (# hours old)**—patient has received a classification within the last 24 hrs and is ready for a new classification to be performed.
- **In Progress (Unclassified)**—patient has not previously received a classification, and classification has begun but has not been completed.
- **In Progress (# hours old)**—patient has received a classification within the last 24 hrs and a new classification has begun but has not been completed.

Scrolling down to the bottom of the Patient Roster, page options allow users to navigate through roster pages in order to find a specific patient name (see Figure 3-3). Patients are listed in alphabetical order. To select a patient to be classified:

1. Scroll down the roster to the name of the patient needing classification. 

   --or--

2. If applicable, scroll down to the bottom of the roster to manipulate the page options.

   - Click Next to jump to subsequent pages of the roster.
   - Click Previous to jump to preceding pages of the roster.
   - Click Last to jump straight to the last page of the roster.
   - Click First to jump straight to the first page of the roster.

2. Click on the name of the patient.

After identifying the patient in the Patient Roster, the patient name will also be identified in the Information Area of the form. Classification for this specific patient can now be entered into the WMSNi.
3.2. Utilizing the Classifications Form

In Figure 3-4, areas of the *Classifications Form* are labeled. The top line of the form is the *Information Area* which displays the *Organization*, *Patient*, and *Classifier* names. Below this is the *Navigation Area* where users can utilize help and filter features. Users can select critical indicators and enter frequencies in the *Critical Indicators Chart* under the *Navigation Area*. As with the *Organization* and *Patient* name, the *Classifier* name must also be chosen from the dropdown menu and identified in the *Information Area* of the form. Once this has been done, help features in the *Navigation Area* can be used to jump start classification input and to help users find what they are looking for faster.

![Image of Classifications Form](image-url)

**Figure 3-4. Classifications Form**

3.2.1. Selecting a Classifier

To commence input of a classification, select the name of the Classifier in the *Information Area*:

1. Click on the *Classifier* drop down menu to display a list of all authorized classifier names.
2. Scroll down the list to find the name of the classifier.
3. Click on the classifier name.

This name is now visible in the *Information Area*, and critical indicator frequencies can be inputted.

3.2.2. Filtering Critical Indicators

Before beginning to enter critical indicator frequencies, notice the General and Psychiatric check boxes in the *Navigation Area* of the form. This mechanism allows critical indicators to be filtered by inpatient care type. General and Psychiatric are the two types of inpatient care provided to admitted patients. By default, both of these boxes are checked. Both boxes can remain checked to allow entries for all types of critical indicators, or:

- To display only *General* critical indicators in the chart, uncheck the *Psychiatric* check box. Make sure that the box next to *General* remains checked.
3.2. Utilizing the Classifications Form

- To display only Psychiatric critical indicators in the chart, uncheck the General check box. Make sure that the box next to Psychiatric remains checked.

Filtering critical indicators allows the user to find the desired critical indicator more quickly. Critical indicators can be further filtered by category. A Category drop down menu appears in the Navigation area of the form (see Figure 3-5). Critical indicator categories include Activities of Daily Living, Treatment/Procedures/Medications, Vital Signs, Outpatient, Continuous, Emotional Support, Feeding, IV Therapy, Monitoring, Respiratory Therapy, Teaching, and Therapeutic Interventions/Activities. To filter critical indicators by category:

1. Click the Category drop down menu.
2. Scroll down the list to find the name of the appropriate category.
3. Click on the category name.

The indicators under the specified category are now listed in the chart below.

![Figure 3-5. Category Dropdown Menu](image)

3.2.3. Help Features

There are two critical indicator help features in the Navigation area. The C.I. Search box allows the user to type in the name of the specific critical indicator, immediately locating it in the chart. To search for a desired critical indicator:

1. Click on the search box to insert text.
2. Type the name or the first few letters of the name of the critical indicator you are looking for.

As you type in the first few letters of the critical indicator you are looking for, all critical indicators containing those letters will appear in the chart below, allowing the user to access these critical indicators and enter a classification more quickly.

When entering a patient classification, the classifier may want more information about a certain critical indicator. The Show/Hide C.I. Help feature in the Navigation Area allows the user to access a description of a specific critical indicator, providing more insight for the user. To utilize this feature:

1. Click on the critical indicator in the chart for which you would like more information.
2. Click on the Show/Hide C.I. Help box.
A box containing information on the specified critical indicator will appear to the right of the critical indicator chart (see Figure 3-6).

![Figure 3-6. Show/Hide C.I. Help Box](image)

### 3.2.4. Inputting Critical Indicator Frequencies

The top bar of the chart list the column names **Code**, **Name**, and **Qty** (quantity). Each of the following columns contains a list of information pertaining to the critical indicators:

- **Code**
  - Number associated with a specific critical indicator name
- **Name**
  - Name of the critical indicator
- **Frequency**
  - How often critical indicator is administered
- **Remarks**
  - Type patient notes associated with this critical indicator here
- **Qty**
  - Number of times critical indicator is performed

Clicking any one of the arrows next to a column title in the top bar will sort the columns’ contents in reverse order. For example, the critical indicators listed under **Name** are listed in alphabetical order. Clicking the arrow next to **Name** will list critical indicators in reverse alphabetical order. Clicking the arrow again will undo the action. To input frequencies for a specific critical indicator:

1. Scroll down the chart of critical indicators to find the appropriate critical indicator name.
2. At the right hand side of the chart, under **Qty**, click on the box next to the appropriate critical indicator. A text box will appear.
3. Type in the desired frequency, or use the up/down arrows to increase or decrease the number.
4. Repeat steps 1-3 to enter frequencies for multiple critical indicators.
5. Click **Save** or **Complete**.
3.2. Utilizing the Classifications Form

Just under the *Critical Indicator Chart*, on the right hand side, the total acuity points are displayed. If you are not finished inputting patient classification data and would like to finish at a later time, you can save the current classification by clicking the *Save* button located at the bottom of the classification form. This action allows an incomplete classification to be saved for later completion. If you are finished inputting a patient classification and are ready to submit the data to the WMSNi, click the *Complete* button located next to *Save* at the bottom of the form. If you should need to cancel or start over on a classification, you can click the *Discard* button next to *Complete*.

**Note:** Once you click *Complete*, this record becomes permanent. This action cannot be undone, so be sure that you are done inputting the classification before clicking the *Complete* button and submitting it as a permanent record.
Managing Post-Anesthesia Care Patient Counts

Workload for Post-Anesthesia Care (PACS) is calculated using daily patient volume and a regression formula. Patient volume is the number of post-anesthesia patients cared for each day. Prior to the WM-SNi, workload for PACS was captured by a subsystem system of the WMSN. In addition, workload for non-PACUs providing care for patients during recovery from surgery was unable to be credited to that ward due to system constraints. As noted in the preface, workload management for PACS has now been fully integrated into the WMSNi application, and the system now credits non-PACUs for post-anesthesia care taking place in their wards. In this chapter, you will:

- Navigate the Post-Anesthesia Care page under Getting Started.
- Select your ward and patient under Selecting the Nursing Ward and Patient.
- Enter patient volume under Recording Patient Counts.
4.1. Getting Started

From the tab bar, select the Post-Anesthesia Care tab. If necessary, users may first select a ward from the Organization Tree located on the left hand side of the page. The right hand side of the page contains the Patient Counts Form. Above the chart, the name of the specified ward, whether PACU or Non-PACU, will appear and be credited for the workload captured. Within the form, PAC staff and Non-PAC staff can enter patient volume numbers for specified dates.

Organization Tree

The Organization Tree is broken down by Regional Medical Command (RMC), Medical Treatment Facility (MTF), section, and ward. To select a specific ward:

1. Click the next to the appropriate Regional Medical Command.
2. Scroll down and click the next to your specific Medical Treatment Facility.
3. Select a ward.
4. If applicable, click the next to a section to select a ward.

At the top of the Organization Tree, you will see open all/close all. Clicking open all will expand the tree in its entirety, allowing the user to scroll straight to their individual ward. Clicking close all will return the tree to its default state. After you have selected a ward from the tree, the organization name will then be identified above the chart in the Patient Counts Form.

4.2. Recording Patient Counts

With your ward identified at the top of the Patient Counts Form, input of patient volume can commence. Date range can be selected in the upper right hand corner of the form. You can utilize the calendar icon to select the To date for the date range you wish to appear within the form. The from date will automatically be calculated to provide a two week date range. These dates appear to the left of the form under Date as seen in Figure 4-1. To the right of Date in the top bar of the form, there are two designated types of anesthesia, General and Local, under which users will input patient volume numbers. Under General, record in this column patients who received General anesthesia AND/OR Regional/Spinal anesthesia. Also record in this column patients who received one of these anesthesias PLUS Local anesthesia AND/OR Sedation. Under Local, record in this column patients who received ONLY Local anesthesia AND/OR Sedation. Within the chart, you are free to enter patient volume numbers for each day all at one time, or you may choose to update the chart daily. To input patient volume numbers for General or Local anesthetic patient care:

1. Click on the box next to the date for which you would like to enter patient volume under either General or Local.
2. Type in the number of general/local anesthetic patients cared for that day, or use the up/down arrows to increase or decrease the number.
3. Hit return to enter patient volume for the subsequent date.

--or--
Click on the box of the next date for which you would like to enter patient volume.

4. After you have finished inputting patient volume numbers, click Save, located at the bottom of the form, to submit the data to the system for workload calculation.

This data can be entered AND/OR edited for up to three months in retrospect.

Figure 4-1. Patient Counts Form
Managing Labor and Delivery Outpatient Counts

Chapter Objectives

5.1 Getting Started
5.2. Recording Outpatient Counts

As with PACS workload, Labor and Delivery workload is also calculated apart from general inpatient care. However, capture of LADS inpatient workload is similar to that of general inpatient care in that it is based on critical indicator frequencies. In fact, inpatient workload is entered under the Classifications tab along with general inpatient care (see Chapter 3). Capture of LADS outpatient workload is much the same as for PACS as it is based on recorded patient volumes. The data is aggregated and used in scheduling decisions; data output is not prospective. In this chapter, you will:

- Navigate the LADS page under Getting Started.
- Enter LADS outpatient volume numbers in Recording Outpatient Counts.

5.1 Getting Started

From the tab bar, select the LADS Outpatient tab. If necessary, users may first select a ward from the Organization Tree located on the left hand side of the page. The right hand side of the page contains the Outpatient Counts Form. The name of the specified ward will appear at the top of the form.
Organization Tree

Before inputting data into the outpatient counts form, users may first select their specific ward from the organization tree if necessary. The tree is broken down first by Regional Medical Command (RMC), then by Medical Treatment Facility (MTF), and then by Section and Ward. To select a specific ward:

1. Click the ☐ next to the appropriate Regional Medical Command.
2. Scroll down and click the ☐ next to your specific Medical Treatment Facility.
3. Select a Section.
4. If applicable, click the ☐ next to a Section to select a Ward.

At the top of the organization tree, you will see open all and close all buttons. Clicking open all will expand the tree in its entirety, allowing the user to scroll straight to their specific ward. Clicking close all will return the tree to its default state. After you have selected a ward from the tree, the organization name will then be identified at the top of the Inpatient activities chart.

5.2. Recording Outpatient Counts

With your LADU identified at the top of the Outpatient Counts Form, input of patient volume can begin. Date range can be selected in the upper right hand corner of the form. You can utilize the calendar icon to select the To date for the date range you wish to appear within the form; the From date will automatically be calculated to provide a two week date range. These dates appear in the left column of the form under Date. To input outpatient count numbers:

1. Click on the box next to the date for which you would like to enter outpatient volume under the desired designation.
2. Type in the number of patients cared for that day.
3. Hit return to enter patient volume for the subsequent date.

---or---

Click on the box of the next date for which you would like to enter patient volume.

After you have finished inputting patient volume numbers, click the Save button located at the bottom of the form to submit the data to the system for workload calculation. This data can be entered AND/OR edited for up to three months in retrospect.
“I may be compelled to face danger, but never fear it, and while our soldiers can stand and fight, I can stand and feed and nurse them.”

— Clara Barton
(1821-1912)
Civil War Nurse and Founder of The American National Red Cross

6

Personnel Management

Personnel Manager will enable authorized users to Add, transfer to PCS, AND/OR Remove personnel from or to a specific ward. In this chapter, you will:

• Navigate through the Personnel Manager Homepage under Getting Started.

• Manage the Personnel Roster under Managing Personnel Roster.

6.1. Getting Started

On the WMSNi home page, you will see the Personnel Manager tab. Click Patient Manager and the page will be displayed as shown in Figure 6-1. Personnel Manager. The top left hand side of the page Personnel List will contain the Organization name, and the top right hand side will be labeled, Manage Personnel. The Personnel List will display the Last Name, First Name, E-mail, Skill Level, Service Rank/Title, and Remark for each personnel within your default ward or for the selected ward. The bottom right hand side of the Personnel List will contain the Save, Add, PCS, and Remove icons. The bottom left hand side of the Personnel List will contain the Current Date.
Organization Tree

The Organization Tree is broken down by Regional Medical Command (RMC), Medical Treatment Facility (MTF), section, and ward. To select a specific RMC, MTF, section and ward:

1. Scroll down and click the  next to the appropriate RMC.
2. Scroll down and click the  next to your specific MTF.
3. Select a ward.
4. If applicable, click the  next to a section, and select a ward.

At the top of the organization tree, you will see open all / close all. Clicking open all will expand the tree in its entirety, allowing the user to scroll straight to their individual MTF, section, or ward. Clicking close all will return the tree to its default state. At the top left hand side, a Show/Hide button will be available for users to hide or show the Organization Tree. After you have made your selection from the tree, the organization name will then be identified in the report you are viewing.

6.2. Managing Personnel List

The Personnel List contains columns with the following personnel information:

- Last Name
- First Name
- E-mail
- Skill Level
- Service Rank/Title
6.2. Managing Personnel List

The top right hand side of the Personnel List is the List Filter where users can select to view the Active list or the list of personnel in Assign to PCS. To Add personnel, complete the following:

1. Click the Add icon.
2. Enter personnel name.
3. Enter Skill Level.
4. Enter Service Rank/Title.
5. Click Save.

To transfer selected personnel to PCS, complete the following:

1. Select desired personnel name and click PCS.
2. Select Assign From PCS from the Filter List. The transferred personnel will be listed here.
3. Edit Skill Level, if needed.
4. Edit Service Rank/Title, if needed.
5. Click Save.

**Note:** Personnel can be prospectively loaned to another ward and will stay on both list

To Remove selected personnel, complete the following:

1. Select desired personnel name.
2. Click Remove. The selected personnel will then be removed from the ward list.

To edit selected personnel, complete the following:

1. Click desired personnel name.
2. Click within the box containing the name to edit the name.
3. Edit Skill Level, if needed.
4. Edit Service Rank/Title, if needed.
5. Click Save.
Scheduling

Scheduling is now an available application in the WMSNi application. The Clinical Nurse, Officer in Charge (CN, OIC) and the Charge Nurse (CN) will have access to maintain, review, and edit the personnel schedule for selected wards, providing a good communication method between head nurse, personnel, and the bed supervisor. Overall, the WMSNi application provides ease of use in allowing for schedules to be accessible, altered, and organized, displaying the total number of scheduled hours for a two week period. In this chapter, you will:

- Navigate through the scheduling page under Getting Started.
- Manage schedules under Scheduling Personnel.
- Edit your ward schedules under Editing Ward Schedules.
- Maintain and manage the personnel roster under Managing Personnel Roster.
- Manage your ward’s scheduled shifts under Managing Scheduled Shifts.

Chapter Objectives

7.1. Getting Started
7.2. View Schedule
7.3. Scheduling Personnel
7.4. Editing Ward Schedules
7.5. Managing Scheduled Shifts
7.6. Two Week Scheduling Report
7.7. Utilizing the Float Roster
7.8. Exceptions Report
7.1. Getting Started

From the tab bar, select the Scheduling tab. The page will be displayed as shown in Figure 7-1. Once a ward has been selected, the desired date can be selected and the schedule for that ward can then be loaded. This is located on the right hand side of the page next to the Organization Tree. Above the table, the Select Week and Load Schedule buttons are available. Once the selected week has been chosen, that ward’s schedule will load and the table will display the Name, Skill, Hours, and two week schedule. Under each date, the shift will be displayed and highlighted with different colors as seen in Figure 7-1.

![Figure 7-1. Scheduling Homepage](image)

Organization Tree

The Organization Tree is broken down by Regional Medical Command (RMC), Medical Treatment Facility (MTF), section, and ward. To select a specific RMC, MTF, section and ward:

1. Scroll down and click the next to the appropriate RMC.
2. Scroll down and click the next to your specific MTF.
3. Select a Ward.
4. If applicable, click the next to a section, and select a ward.

At the top of the organization tree, you will see open all/close all. Clicking open all will expand the tree in its entirety, allowing the user to scroll straight to their individual MTF, section, or ward. Clicking close all will return the tree to its default state. At the top left hand side, a Show/Hide button will be available for users to hide or show the Organization Tree. After you have made your selection from the tree, the organization name will then be identified in the report you are viewing.

7.2. View Schedule

Once the Scheduling tab has been selected, access to your ward’s schedule can be made. Complete the following to access the desired week’s schedule:
1. Select your ward from the Organization Tree

   **Note:** For more information on authorized user access, please refer to Chapter 1, section 1.2

2. Select a week by clicking the calendar icon next to Select Week.

3. Click Load Schedule. The selected week’s schedule will then appear, displaying Personnel, Skill, Hours, and the daily schedule for the two week period (see Figure 7-2).

![Figure 7-2. Weekly Schedule](image)

### 7.3. Scheduling Personnel

The CN, OIC will have access to add/edit any personnel time block within the ward or for borrowed personnel. Personnel schedules will be available as read-only for CN’s outside of the ward. To do this, complete the following:

1. Select your ward from the Organization Tree

   **Note:** For more information on authorized user access, please refer to Chapter 1, section 1.2

2. Select a week by clicking the calendar icon next to Select Week.

3. Click Load Schedule. Click Load Schedule. The selected week’s schedule will then appear, displaying Personnel, Skill, Hours, and the daily schedule for the two week period (see Figure 7-3).

4. Select a specific date. Date selected must be within 10 weeks of current date. Date is defined as the unit 24 hour day.

5. Select desired personnel on the left hand side. You can then choose to Add a Time Block or Edit the Time Block.

   **Note:** Time blocks on the personnel schedules will not overlap for the ward.
7.3. Scheduling Personnel

7.3.1. Add a Time Block

Users can Add a Time Block for selected personnel by selecting a Standard Shift or by editing the standard default time block manually. To do this, complete the following:

1. Click the **add** icon under the desired date. A drop down menu will appear containing the three, 8 hour shifts.
2. Select the desired shift out of the three, 8 hour shifts displayed or two, 12 hour shifts.
3. Click **Regular Time (RT)** next to the shift time to reveal a drop down menu containing Time Type, Shift, Flags, and Remove options.

From here, users can then distinguish what Time Type is needed for selected personnel. To do this, complete the following:

1. Select **Time Type**. Another drop down menu will appear containing Patient Care, **Unavailable**, and Other Work as seen and labeled below in Figure 7-4.
2. Select **Patient Care**. A drop down menu will appear containing RT, TNG, and TRNR as seen and labeled below in Figure 7-4.
3. Select *Unavailable* to change the availability of selected personnel. A drop down menu will appear containing *AWOL, AWOP, C, CT, CURE, DO, HT, LTE, LTI, LV, ML, OTH, PASS, SK, SP, TDY,* and *TH* as seen and labeled below in Figure 7-5.

![Figure 7-5. Time Type – Unavailable](image)

4. Select *Other Work*. A drop down menu will appear containing *AOD, CBC, CQ-D, CQ-M, DIS, ED, FOD, FTX, MASS, MOBX, MORA, MTNG, NCOD, OCON, PNS, POR, PROC,* and *PT* as seen and labeled below in Figure 7-6.

![Figure 7-6. Time Type – Other Work](image)

5. Select *Shift* if you want to select a different shift.

6. Select *Flags*. A drop down menu will appear containing *CN, BTE, CE,* and *OT* as seen and labeled below in Figure 7-7.
7. Click Save.

8. To remove the created shift, select Remove.

---or---

To edit the default standard time block manually, complete the following:

1. Click the add icon under the desired date. A drop down menu will appear containing the three, 8 hour shifts.

2. Select the desired shift out of the three, 8 hour shifts displayed or two, 12 hour shifts.

3. Click within the box containing the shifts. The cursor will then appear, allowing users to manually input desired shift times.

4. Type in start and end time.

5. Click Regular Time (RT) next to the shift time to reveal a drop down menu containing Time Type, Shift, Flags, and Remove options.

From here, users can then distinguish what Time Type is needed for selected personnel. To do this, complete the following:

1. Select Time Type. Another drop down menu will appear containing Patient Care, Unavailable, and Other Work as seen and labeled above in Figure 7-4.

2. Select Patient Care. A drop down menu will appear containing RT, TNG, and TRNR as seen and labeled above in Figure 7-4. Select Unavailable to change the availability of selected personnel. A drop down menu will appear containing AWOL, AWOP, C, CT, CURE, DO, HT, LTE, LT, LV, ML, OTH, PASS, SK, SP, TDY, and TH as seen and labeled above in Figure 7-5.

3. Select Other Work. A drop down menu will appear containing AOD, CBC, CQ-D, CQ-M, DIS, ED, FOD, FTX, MASS, MOBX, MORA, MTNG, NCOD, OCON, PNS, POR, PROC, and PT as seen and labeled below in Figure 7-6: Time Type – Other Work.

4. Select Shift if you want to select a different three, 8 hour shift.

5. Select Flags. A drop down menu will appear containing CN, BTE, CE, and OT as seen and labeled above in Figure 7-7: Time Type – Flags.
6. Click Save.
7. To remove the created shift, select Remove.

7.3.2. Edit Time Block

To edit a time block for selected personnel, you can input manually it by completing the following:

1. Click within the box containing the shifts. The cursor will then appear, allowing users to manually input desired shift times.
2. Enter start time.
3. Enter end time.
4. Click Regular Time (RT) next to the shift time to reveal a drop down menu containing Time Type, Shift, Flags, and Remove options.

From here, users can then distinguish what Time Type is needed for selected personnel. To do this, complete the following:

1. Select Time Type. Another drop down menu will appear containing Patient Care, Unavailable, and Other Work as seen and labeled above in Figure 7-4. Time Type – Patient Care.
2. Select Patient Care. A drop down menu will appear containing RT, TNG, and TRNR as seen and labeled above in Figure 7-4. Time Type – Patient Care.
3. Select Unavailable to change the availability of selected personnel. A drop down menu will appear containing AWOL, AWOP, C, CT, CURE, DO, HT, LTE, LTI, LV, ML, OTH, PASS, SK, SP, TDY, and TH as seen and labeled above in Figure 7-5: Time Type – Unavailable.
4. Select Other Work. A drop down menu will appear containing AOD, CBC, CQ-D, CQ-M, DIS, ED, FOD, FTX, MASS, MOBX, MORA, MTNG, NCOD, OCON, PNS, POR, PROC, and PT as seen and labeled above in Figure 7-6. Time Type – Other Work.
5. Select Shift if you want to select a different shift.
6. Select Flags. A drop down menu will appear containing CN, BTE, CE, and OT as seen and labeled above in Figure 7-7. Time Type – Flags.
7. Click Save.
8. To remove the created shift, select Remove.

7.4. Editing Ward Schedules

Under Scheduling, you can edit the desired ward’s schedule within the two week time period allotted. After choosing your ward from the Organization Tree, complete the following:

1. Select your ward from the Organization Tree

Note: For more information on authorized user access, please refer to Chapter 1, section 1.2
2. Select a week by clicking the calendar icon next to Select Week.

3. Click Load Schedule. The selected week’s schedule will then appear, displaying Personnel, Skill, Hours, and the daily schedule for the two week period (see Figure 7-3. Weekly Schedule).

4. Select person on the left hand side.

5. Select one of the three, 8 hour shifts or two, 12 hour shifts.

6. Click Regular Time (RT) next to the shift time to reveal a drop down menu containing Time Type, Shift, Flags, and Remove options.

To edit the shift time manually, complete the following:

1. Click within the box containing the shifts. The cursor will then appear, allowing users to manually input desired shift times.

2. Enter start time.

3. Enter end time.

From here, users can then distinguish what Time Type is needed for selected personnel. To do this, complete the following:

1. Select Time Type. Another drop down menu will appear containing Patient Care, Unavailable, and Other Work as seen and labeled above in Figure 7-4. Time Type – Patient Care.

2. Select Patient Care. A drop down menu will appear containing RT, TNG, and TRNR as seen and labeled above in Figure 7-4. Time Type – Patient Care.

3. Select Unavailable to change the availability of selected personnel. A drop down menu will appear containing AWOL, AWOP, C, CT, CURE, DO, HT, LTE, LTI, LV, ML, OTH, PASS, SK, SP, TDY, and TH as seen and labeled above in Figure 7-5. Time Type – Unavailable.

4. Select Other Work. A drop down menu will appear containing AOD, CBC, CQ-D, CQ-M, DIS, ED, FOD, FTX, MASS, MOBX, MORA, MTNG, NCOD, OCON, PNS, POR, PROC, and PT as seen and labeled above in Figure 7-6. Time Type – Other Work.

5. Select Shift if you want to select a different shift.

6. Select Flags. A drop down menu will appear containing CN, BTE, CE, and OT as seen and labeled above in Figure 7-7. Time Type – Flags.

7. Click Save.

8. To remove the created shift, select Remove.

7.5. Managing Scheduled Shifts

The CN, OIC or anyone of higher rank, will have access to manage schedule shifts for their ward. When you place your mouse over Scheduling, a Manage Shifts drop down menu will appear. Select Manage Shifts and complete the following:

1. Select a ward from the Organization Tree
Note: For more information on authorized user access, please refer to Chapter 1, section 1.2

2. Once the desired ward has been selected, the Shift Manager box will appear as seen in Figure 7-8.

From here, you can either manage Army Standard Shifts or manage Ward Specific Shifts.

Figure 7-8. Shift Manager

7.5.1. Manage Army Standard Shifts

The Shift Manager box is divided into two sections—Army Standard Shifts and Ward Specific Shifts. The Army Standard Shifts is displayed in the top half. The name of the ward selected will be displayed at the top next to Organization. The Start of Day area is located next to the ward name. Below, the 8 Hour Shifts and 12 Hour Shifts are located and labeled shifts 1 through 4. To manage Army Standard Shifts, complete the following steps:

1. Click within the Start of Day text box and manually input time.

   --OR--

   Use the up/down arrows to increase or decrease the time for both the hours and the minutes (the default start time for a day is 0700 for an Army Standard Shift. The shift day start time must start on a 15 minute interval).

2. Click Save.

7.5.2. Manage Ward Specific Shifts

The bottom half of the Shift Manager box displays the Ward Specific Shifts chart. The table contains four columns displaying the Shift, Start Time, End Time, and a Delete Item option. Clicking the arrow next to Shift will allow you to view the shifts in reverse order.
Below the chart, the *Add Shift* and *Save* icons are located. You can then add a shift AND/OR edit a shift.

To add a shift, complete the following:

1. Click the *Add Shift* button. A new shift will appear.
2. Click within the box under shift and enter shift name.
3. Click within the box under *Start* and enter the start time (the default start time for a day is 0700 for an *Army Standard Shift*. The shift day start time must start on a 15 minute interval).
4. Click the box under *End* and enter the end time (the default end time for a unit shift must be on a 15 minute interval).
5. Click *Save*.

To edit a shift, complete the following:

1. Click the *Add Shift* button. A new shift will appear.
2. Click within the box under shift and enter shift name.
3. Click within the box under *Start* and enter the start time (the default start time for a day is 0700 for an *Army Standard Shift*. The shift day start time must start on a 15 minute interval).
4. Click the box under *End* and enter the end time (the default end time for a unit shift must be on a 15 minute interval).
5. To remove the shift, select *Delete* from under the *Delete Item* area.
6. Click *Save*.

### 7.6. Two Week Scheduling Report

The bottom half of the *Scheduling* homepage contains the two week schedule for the selected ward. This schedule contains the *Shift* time and *Skill* of each personnel scheduled. Each date has its own column containing the total number of personnel for the listed *Skill*.

Users can export this schedule to excel by clicking the *Export the Schedule to Excel* option above the columns in the schedule.

### 7.7. Utilizing the Float Roster

Users can manage the authorization of personnel to be scheduled in wards other than that to which they are assigned through the *Float Roster*. To access the roster:

1. Place the cursor over the *Scheduling* tab. A dropdown menu will appear.
2. Select *Float Roster*.

As shown in Figure 7-9, a filter box and *Employee Roster* appears on the left hand side of the page. This roster contains the name of every employee in the WMSNi system. To find the name of the employee you would like to authorize for scheduling in a particular ward:
1. Enter the first or last name of the desired employee in the filter box.

2. Click Apply Filter.

An Organization Tree and Float Roster Grid will appear to the right. The employee name will be displayed at the top of the grid. The grid is made up of two columns: Organization and Role. Organizations must be added to the grid in order to authorize the specified employee for scheduling in that organization. Depending on your authorized access, you may have a limited view of the Organization Tree which may contain only the wards you have access to. To navigate through the tree:

1. Click the arrow next to the desired RMC.
2. Scroll down the list and click the arrow next to your MTF.
3. If necessary, click the arrow next to the appropriate section.
4. Scroll down to find a specific ward.

Only individual wards may be added to the roster grid. To add a ward to the grid:

1. Within the Organization Tree, click and hold down the left click mouse button on the name of the ward you would like to add to the roster.
2. Drag the ward name from the Organization Tree to the Float Roster Grid.

The ward name will now be displayed in the roster grid, and the specified employee may now be scheduled to work in that ward.

7.8. Exceptions Report

After selecting a Time Type when scheduling personnel, authorized users can Flag personnel as Charge Nurse (CN), Borrowed Time External (BTE), Compensatory Time Earned (CE), and Overtime (OT). These Flags are the Exceptions Code and a description report...
of this can be found under the *Scheduling* tab. To access the *Exceptions Code*, complete the following:

1. Place the cursor over the *Scheduling* tab. A drop down menu will appear.
2. Select *Exceptions Code*.

The *Scheduling Time Exceptions Report* will load. This report displays the *Time Type* category, *Code* of the choices you can *Flag* personnel with when scheduling, *Name* of the code, whether or not personnel can be scheduled for *Readiness, Extra Duty, Available, Military, or Civilian* in that *Code* category, and a full *Description* of that code. This will aid users in choosing a *Flag* after selecting a *Time Type* when scheduling personnel.

**Traditional Report Toolbar**

Along the top of the *Scheduling Time Exceptions Report*, there is a toolbar which contains the following icons:

- **Toggle Table of Contents**
  
  Clicking on this button will open a tree containing information specified in the Parameters box. Similar to the *Organization Tree*, the tree is expanded by clicking on the [plus icon].

- **Run Report**
  
  Clicking on this button will open the Parameters box, allowing you to manage the data viewed in the report.

- **Export Data**
  
  Clicking on this button opens a dialogue box where specific data can be selected and exported to a spreadsheet.

- **Export Report**
  
  Clicking on this button opens a dialogue box where you can choose the number of pages and a format (Word, Excel, PDF), from a dropdown menu, in which to export the report.

- **Print Report**
  
  Clicking on this button opens a print dialogue box which allows you to choose either HTML or PDF print format as well as pages to be printed.

Below the toolbar, the page number is displayed along with a feature to the right of this that allows you to jump to other pages of the report using the [arrow]. A text box also allows you to manually enter in the desired page number.
Inter-Rater Reliability Testing

Inter-Rater Reliability (IRR) testing maintains the continuity of the classification process and the reliability of the WMSNi reports. Each ward must conduct a quarterly IRR test. The test requires that two nursing professionals classify a number of patients in the same context within a relatively close amount of time. To this end, a selected set of patients with current valid classifications are then classified by an experienced classifier within a 24 hour period. The experienced classifier must use the same source information as used by the original classifier to classify each patient. These classifications are then entered into the IRR Classification Form for data comparison and analysis. Assessment is based on percent category agreement, which is the ratio of the number of agreements of patients’ category to the total number of possible agreements. If the IRR score falls below 80%, testing is performed monthly until the score is reconciled.

8.1. Getting Started

From the tab bar, select the IRR Manager (Mgr) tab. If necessary, users may select a ward from the Organization Tree located in the upper left hand corner of the page. Below the Organization Tree is the IRR Information Box where the name of the IRR Experienced Assessor must be selected to begin the IRR rating. On the right hand side of the page is...
the *IRR Classifications Form* which appears the same as on the *Classifications* page. The patient set used for *IRR* testing is automatically generated by the WMSNi based on current ward census and will appear just below the *IRR Information Box* in the form of a *Patient Roster*. It includes a randomly selected set of patients who have a valid classification within the last 24 hour period.

### Organization Tree

The *Organization Tree* is broken down by Regional Medical Command (RMC), Medical Treatment Facility (MTF), section, and ward. To select a specific ward:

1. Click the ☐ next to the appropriate Regional Medical Command.
2. Scroll down and click the ☐ next to your specific Medical Treatment Facility.
3. Select a ward.
4. If applicable, click the ☐ next to a section to select a ward.

At the top of the *Organization Tree*, you will see *open all /close all*. Clicking *open all* will expand the tree in its entirety, allowing the user to scroll straight to their individual ward. Clicking *close all* will return the tree to its default state. After you have selected a ward from the tree, the organization name will then be identified in the *Information Area* (see section 3.3) at the top of the *IRR Classifications Form*.

### 8.2. Procedures for Conducting IRR Testing

The following guidelines are to be followed by the experienced classifier when conducting an *IRR* test.

a. Arrive unannounced on the unit as close to the time classifications are completed as possible.

b. Obtain the patient set to be classified through the WMSNi application (see section 8.3 below).

c. Classify each patient in the set using the same source data as used by the original classifier.

d. Compare classifications between the unit staff and the experienced classifier. Discuss differences with staff members to determine the nature of the differences. Rectify—

   1. Discrepancies caused by the intervening time period; that is, changes of orders.
   
   2. Misunderstandings, misinterpretations, or discrepancies caused by the experienced classifier’s lack of knowledge or oversight of the documented source information. Note the use of a critical indicator that is not in accordance with the operational descriptions contained in this reference, the selection of a critical indicator that is not supported by an approved source, and the omission of a critical indication that is supported by an approved source.

e. Input classification for the patient set into the *IRR Manager*.
f. Review IRR Test Results under the Reporting tab.

g. Document actions taken in response to the IRR test results.

8.3. Beginning the IRR Classification

IRR Information Box

The IRR Information Box contains the Organization name, current date and time, and Status stating when the last IRR rating was completed. It also contains a dropdown menu and Begin IRR button. The user will begin the rating from this box. To do this:

1. Select the IRR Experienced Classifier from the dropdown menu.

2. Click the Begin IRR button. A Cancel IRR button will appear within the box, and the Patient Roster will appear below the box.

Once began, classification for an individual patient cannot be discarded. However, an IRR test can be canceled by clicking on the Cancel IRR button.

**Note:** Cancelation is only possible if patients remain to be classified in the current IRR set. If an IRR testing has been canceled, the entire patient set is discarded. When you go to perform the IRR test again, a new patient set is randomly selected.

IRR Patient Roster

As mentioned above, the Patient Roster contains a randomly selected patient set. Classification for every patient in the set must be made in order to complete the test by selecting each patient name in the roster and entering a classification. The roster displays the Patient Name, Registrar #, and Status of all patients admitted to the selected ward. Here, Status is based on the patient’s IRR classification status. Patients can have a Status of the following:

- Started # hours ago
- Completed # hours ago

Scrolling down to the bottom of the Patient Roster, page options allow users to navigate through roster pages in order to find a specific patient name (see Figure 8-1.). Patients are listed in alphabetical order. To select a patient to be classified:
8.3. Beginning the IRR Classification

Figure 8-1. Page Options

1. Scroll down the roster to the name of the patient needing classification.

   --or--

   If applicable, scroll down to the bottom of the roster to manipulate the page options.

   - Click Next to jump to subsequent pages of the roster.
   - Click Previous to jump to preceding pages of the roster.
   - Click Last to jump straight to the last page of the roster.
   - Click First to jump straight to the first page of the roster.

2. Click on the name of the patient.

After identifying the patient in the Patient Roster, the patient name will also be identified in the Information Area of the form. IRR Classification for this specific patient can now be entered.

IRR Patient Classification

Utilizing the IRR Classifications Form is the same as in regular classifications. After completing a classification for each patient in the patient set, the Patient Roster will no longer be available, and the IRR Information Box will reflect the updated IRR Status. The user can then view the IRR Test Results under the Reporting tab (see section 9.4). A command level IRR Report and Commanded Statues Report are also available here.

Note: Refer to Chapter 3, Section 3.2 for details on utilizing the Classifications Form.
Reporting

Reporting is now in real time and easily accessible within the WMSNi application. Reporting capabilities are an important feature in the Refresh System as it not only provides real time feedback, but also provides the user with a well suited delivery of data in the form of cubes and dashboards. Under Reporting, the user is able to navigate from one report to another within the following sections Strategic, Tactical, IRR, Classification, Schedule, and PAC Reports. In this chapter, you will:

- Navigate through the Reporting page under Getting Started.
- Access, navigate, and utilize individual reports within Reporting.

9.1. Getting Started

On the WMSNi home page, you will see the Reporting tab. When placing your mouse over the Reporting tab, a drop down menu will appear listing the reporting sections. You can also click Reporting, and the page will display a list of report types. As mentioned above, these include Strategic, Tactical, IRR, Clas-
sification, Schedule, and PAC Reports. From here, selection of the desired report can be made and viewed at any time.

**Organization Tree**

The *Organization Tree* is broken down by Regional Medical Command (RMC), Medical Treatment Facility (MTF), section, and ward. To select a specific RMC, MTF, section and ward:

1. Scroll down and click the next to the appropriate RMC.
2. Scroll down and click the next to your specific MTF.
3. Select a ward.
4. If applicable, click the next to a section, and select a ward.

At the top of the organization tree, you will see *open all / close all*. Clicking *open all* will expand the tree in its entirety, allowing the user to scroll straight to their individual MTF, section, or ward, depending on authorized access. Clicking close *all* will return the tree to its default state. After you have made your selection from the tree, the organization name will then be identified in the report you are viewing.

**Terms**

This reporting component of WMSNi contains the following three types of reports:

- **Cube** – Form of Online Analytical Processing (OLAP) allowing analysis by multiple dimensions.
- **Dashboard** – A report containing interactive charts, graphs, and tables designed to be easy to read.
- **Traditional** – A report containing charts, graphs, and tables of transactional data.

*Note:* For more reporting terms, see Glossary of OLAP terms at [http://www.olapcouncil.org/research/glossaryly.htm](http://www.olapcouncil.org/research/glossaryly.htm) and the glossary in this guide.

**Traditional Report Toolbar**

Along the top of all of the traditional reports, there is a toolbar which contains the following icons:

- **Toggle Table of Contents**
  
  Clicking on this button will open a tree containing information specified in the Parameters box. Similar to the *Organization Tree*, the tree is expanded by clicking on the.

- **Run Report**
  
  Clicking on this button will open the Parameters box, allowing you to manage the data viewed in the report.
Export Data
Clicking on this button opens a dialogue box where specific data can be selected and exported to a spreadsheet.

Export Report
Clicking on this button opens a dialogue box where you can choose the number of pages and a format (Word, Excel, PDF), from a dropdown menu, in which to export the report.

Print Report
Clicking on this button opens a print dialogue box which allows you to choose either HTML or PDF print format as well as pages to be printed.

Below the toolbar, the page number is displayed along with a feature to the right of this that allows you to jump to other pages of the report using the blue arrows. A text box also allows you to manually enter in the desired page number.

Reading Graphs

Many of the reports contain either transactional or interactive graphs. When you place the cursor over any line, bar, or point within a graph or chart in any of the WMSN reports, the actual numeric measurement for that line, bar, or point will be displayed.

9.2. Strategic Reporting

Access to the Monthly WMSN Report, Capacity Cube, Patient Count Cube, Critical Indicator Cube, Manpower Staffing Standards Report, Section Monthly WMSN Report, and the WMSN Summary Report by Facility:

1. Select the Reporting tab from the tab bar.

   --or--

   Place the cursor over Reporting to display a drop down menu.

2. Select Strategic. A list of Strategic reports will appear.

Once you click Strategic under Reporting, each of these reports and cubes will appear bulleted. From here, selection of the desired report can then be made.

9.2.1. Monthly WMSN Report

The Monthly WMSN Report page displays a Work Center (W/C) Status summary based on daily averages in addition to graphs which reflect the monthly Full Time Requirement (FTR) break down for the specified ward by nursing skill type. It also contains graphs reflecting the monthly average number of patients in each acuity category as well as average Nursing
Care Hours (NCH) by category. This report is helpful in deciding and planning the staffing budget as well as recruitment goals. To access the Monthly WMSN Report page:

1. Select the Reporting tab from the tab bar.

--or--

Place the cursor over Reporting to display a drop down menu.

2. Select Strategic. A list of Strategic reports will appear.

3. From the list, select Monthly WMSN Report.

The default report will automatically pull up your authorized access and the page will display . The left hand side of the page contains the W/C Status summary as well as the Organization Tree and Date Tree. The Date Tree operates in the same fashion as the Organization Tree. Note: For more information on authorized access, refer to Chapter 1, section 1.2. If necessary, select an organization from the Organization Tree (see section 9.1.). The right hand side of the page contains four graphs depicting the information described above.

9.2.1.1. Work Center Status Summary

The W/C Status summary contains a list of information pertaining to the specified ward. The name of that organization is displayed at the top of the W/C Status summary box. A toolbar is located along the top of the report (see section 9.1, Traditional Report Toolbar). The W/C Status summary contains the following:

- Average IRR
- Beds Available
- Average Patients
- Average In
- Average Out
- Occupancy Rate
- Average Acuity

Average IRR represents the average IRR score of the last date testing was performed. Beds Available is the total number of patient beds in the specified organization. Average Patients is the daily average number of admitted patients. Average In reflects the daily average number of patients admitted and transferred into that organization throughout the month. Average Out reflects the average number of patients discharged and transferred out of the organization. Occupancy Rate refers to the daily average percentage of occupied beds. Average Acuity refers to the daily average acuity for all categories. The date the report was appears at the bottom of the summary box.

9.2.1.2. Monthly WMSN Reporting Graphs

There are four graphs in this report summarizing acuity, workload, and manpower statistics for the specified organization.

Daily Average Patients by Category

The Daily Average Patients by Category graph (top left) simply displays the daily average amount of patients admitted to the specific ward by acuity category. Category number is
aligned along the horizontal axis, and number of patients is aligned along the vertical axis. A bar rises from each category reflecting the average number of patients in that category.

**Daily Average NCH by Category**

Similar to the *Daily Average Patients by Category* graph, the *Daily Average NCH by Category* graph (top right) breaks out the average amount of nursing care hours per acuity category. Category number is aligned along the horizontal axis, and average amount of nursing care hours is aligned along the vertical axis. The bar rising from each category reflects the daily average amount of NCH.

**Monthly Staffing Summary**

The *Monthly Staffing Summary* displays the amount of *Regular*, *Borrowed*, and *Total FTRs* according to skill type. Skill type is on the horizontal axis and average amount of FTRs is on the vertical axis as in the previous graph. Amount of *Regular*, *Borrowed*, and *Total FTRs* are represented for each skill type according to the bars which are color coded as identified just below the graph.

**Required FTRs by Skill**

The *Required FTRs by Skill* graph depicts the average amount of nursing personnel required by the WMSN according to skill type. Nursing skill type aligned along the horizontal axis and average number of staff aligned along the vertical axis. A bar rises from each represented skill type reflecting the number of required FTRs for that skill.

### 9.2.2. Reporting Cubes

In the WMSN, OLAP cubes provide users a simple way to view and analyze workload related historic data from multiple aspects, or dimensions, by specific measures. For example, a user may wish to look at the total number of times a specific critical indicator was used in the month of July for a specific ward. The month, ward, and the specified critical indicator are the dimensions while the number of times the critical indicator was used for that month is the measure. These dimensions exist in hierarchies. For example, the month of July might be part of a hierarchy that begins with the year 2010, and then breaks out into months, then weeks, then days. In this instance, July would be the *child member* of the *parent member* 2010. Both year and month would be subdimensions of the main dimension—*Time*. Users can *drill down or up* the hierarchy to view measures specific to each dimension. Dimensions can be viewed in different ways. For example, ward names can be displayed down the page in the *rows* area, and months, critical indicators, and measures can be displayed across the page in the *columns* area. However, the user may also swap, or *pivot*, the layout of the dimensions, displaying them in the opposite positions. For more information on how to manage information in the analysis cubes, please refer to the Pentaho Analysis Viewer User Guide (PAVUG) at [http://wiki.pentaho.com/download/attachments/9797961/Intro_to_Pentaho_Analysis_Views.pdf?version=1](http://wiki.pentaho.com/download/attachments/9797961/Intro_to_Pentaho_Analysis_Views.pdf?version=1).

#### 9.2.2.1 Capacity Cube Dimensions

The *Capacity Cube* contains manpower data in a hierarchy—from MEDCOM down to individual wards at each MTF. This cube allows users to look at the amount of personnel hours from various aspects. To access the *Capacity Cube*:

1. Select the *Reporting* tab from the tab bar.
Place the cursor over Reporting to display a drop down menu.

2. Select Strategic. A list of Strategic reports will appear.

3. From the list, select Capacity Cube.

The cube will appear as shown in Figure 9-1. The numeric data is aggregated according to the dimensions and measures identified in Table 9-1 (the dimensions are listed in hierarchical order). By default, you will see the Organization hierarchy in the Rows Area of the Capacity cube and the Time and Measures dimensions in the Columns Area.

![Figure 9-1 Capacity Cube](image)

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time: Year</td>
<td>Organization: MACOM</td>
</tr>
<tr>
<td>Time: Month</td>
<td>Organization: RMC</td>
</tr>
<tr>
<td>Time: Week</td>
<td>Organization: MTF</td>
</tr>
<tr>
<td>Day: Section</td>
<td>Organization: Section</td>
</tr>
<tr>
<td>Day: Ward</td>
<td>Organization: Ward</td>
</tr>
<tr>
<td>Person by Designation: Head Nurse</td>
<td>Total Hours Required</td>
</tr>
<tr>
<td>Person by Designation: Licensed Practical Nurse</td>
<td>Days with Data</td>
</tr>
<tr>
<td>Person by Designation: Nurses Aid</td>
<td>Average Daily Hours Required</td>
</tr>
<tr>
<td>Readiness Required</td>
<td>Total PAC Hours Required</td>
</tr>
<tr>
<td>Readiness Required</td>
<td>Average Daily Work Hours Scheduled</td>
</tr>
<tr>
<td>Readiness Required</td>
<td>Total LAD Hours Required</td>
</tr>
<tr>
<td>Readiness Required</td>
<td>Average Daily Unavailable</td>
</tr>
<tr>
<td>Total Work Hours</td>
<td>Total Work Hours Borrowed</td>
</tr>
<tr>
<td>Total Work Hours</td>
<td>Average Daily Hours Borrowed</td>
</tr>
<tr>
<td>Total Work Hours</td>
<td>Total Work Hours Unavailable</td>
</tr>
<tr>
<td>Total Work Hours</td>
<td>Average Unavailable Hours Borrowed</td>
</tr>
<tr>
<td>Total Work Hours</td>
<td>Total Work Hours Borrowed</td>
</tr>
</tbody>
</table>

Table 9-1. Capacity Cube Dimensions and Measures

Refer to section 9.2.2.4. for more information on the features of a cube and how to manipulate the dimensions. The Capacity Cube measures are defined as follows:
Total Hours Required
Total amount of hours required by the WMSN.

Days with Data
Number of days for which the system has data.

Average Daily Hours Required
Average amount of daily hours required by the WMSN.

Total PAC Hours Required
Total amount of PAC hours required by the WMSN.

Total LAD Hours Required
Total amount of LAD hours required by the WMSN.

Total Work Hours
Total amount of hours actually scheduled.

Total Hours Unavailable
Total amount of hours scheduled but unavailable for nursing care.

Total Work Hours Borrowed
Total amount of hours borrowed from another ward.

Total Unavailable Hours Borrowed
Total amount of borrowed hours unavailable for nursing care.

Average PAC Hours Required
Average amount of PAC hours required by the WMSN.

Average LAD Hours Required
Average amount of LAD hours required by the WMSN.

Average Daily Work Hours Scheduled
Average daily amount of work hours actually scheduled.

Average Daily Hours Borrowed
Average daily amount of hours borrowed from another ward.

Average Unavailable Hours Borrowed
Average amount of borrowed hours unavailable for nursing care.

9.2.2.2 Patient Count Cube Dimensions

The Patient Count Cube contains patient movement and patient acuity data. This cube allows users to look at this data according to Time, Organization, and Acuity Category dimensions.

To access the Patient Count Cube:

1. Select the Reporting tab from the tab bar.

---or---

Place the cursor over Reporting to display a drop down menu.
2. Select *Strategic*. A list of *Strategic* reports will appear.

3. From the list, select *Patient Count Cube*.

The cube will appear as shown in Figure 9-2. The numeric data is aggregated according to the dimensions and measures identified in Table 9-2 (the dimensions are listed in hierarchical order). By default, you will see the *Organization* hierarchy in the *Rows Area* of the *Patient Count Cube* and the *Time* and *Measures* dimensions in the *Columns Area*.

![Patient Count Cube](image)

**Figure 9-2**

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time:</strong></td>
<td><strong>Measures</strong></td>
</tr>
<tr>
<td>Year</td>
<td>Total Points</td>
</tr>
<tr>
<td>Month</td>
<td>Total Admissions</td>
</tr>
<tr>
<td>Week</td>
<td>Total Transferred In</td>
</tr>
<tr>
<td>Day</td>
<td>Total Transferred Out</td>
</tr>
<tr>
<td>Ward</td>
<td>Total Discharged</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Organization:</strong></td>
<td><strong>Average Daily Admissions</strong></td>
</tr>
<tr>
<td>MACOM I</td>
<td></td>
</tr>
<tr>
<td>RMC II</td>
<td></td>
</tr>
<tr>
<td>MTF III</td>
<td></td>
</tr>
<tr>
<td>Section IV</td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

**Table 9-2. Patient Count Cube Dimensions and Measures**

Refer to section 9.2.2.4. for more information on the features of a cube and how to manipulate cube dimensions. The *Patient Count Cube* measures are defined as follows:

*Total Patient Days*

Total amount of days patients for the period spent in the organization.

*Total Points*

Total amount of acuity points.

*Total Admissions*

Total number of patient admissions for the period.
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Total Transferred In
Total number of patients transferred in for the period.

Total Transferred Out
Total number of patients transferred out for the period.

Total Discharged
Total number of patient discharges for the period.

Days with Data
Number of days for which the system has data.

Average Daily Patients
Daily average amount of patients.

Average Daily Points
Daily average amount of acuity points

Average Daily Admissions
Daily average amount of patient admissions.

Average Daily Transferred In
Daily average amount of patients transferred in.

Average Daily Transferred Out
Daily average amount of patients transferred out.

Average Daily Discharged
Daily average amount of patient discharges.

Refer to section 9.2.2.4. for more information on the features of a cube and how to manipulate cube dimensions.

9.2.2.3. Critical Indicator Cube Dimensions

The Critical Indicator Cube contains data pertaining to how often each critical indicator is used. This cube allows users to view this data according to Time, Organization, and Unit Type. To access the Critical Indicator Cube:

1. Select the Reporting tab from the tab bar.

   --or--

   Place the cursor over Reporting to display a drop down menu.

2. Select Strategic. A list of Strategic reports will appear.

3. From the list, select Critical Indicator Cube.

The cube will appear as shown in Figure 9-3. The numeric data is aggregated according to the dimensions and measures identified in Table 9-3 (the dimensions are listed in hierarchical order). By default, you will see the Organization hierarchy in the Rows Area of the Critical Indicator Cube and the Time and Measures dimensions in the Columns Area.
9.2.2.4. OLAP Cube Features and Tools

At the top of each cube, notice the Analysis View Toolbar. These buttons allow you to manipulate the information in the cube. The first button is the OLAP Navigator which allows you to determine which dimensions you want placed in the Rows and Columns Area, which parent and child members you want to look at, and what you would like to filter on in the cube. Clicking on the OLAP Navigator will open a box which will display the main dimensions of the cube. You can then click on any of the main dimensions to view the hierarchy of subdimensions as shown in Figure 9-4. From here, you can select or deselect whichever dimensions you would like defined in the cube. Click OK to apply these settings. Your cube will reflect these alterations. Other buttons along the tool bar also allow you to manipulate...
the layout of the cube (see the PAVUG, Analysis View Toolbar at http://wiki.pentaho.com/download/attachments/9797961/Intro_to_Pentaho_Analysis_Views.pdf?version=1).

Two specific features of note are the Save/Delete…Load… Reset function and the Export to Excel tool button. The first of these features, located at the top left hand side of the cube, allows you to save specific views of the cube you would like to have access to later. To do this:

2. In the box between User Scope icon and Save icon, type in a name for the view you wish to save.
3. Click Save.

To return to the default view, simply click Reset at the top of the cube. To retrieve your saved view:
1. Click Load.
2. Click the dropdown menu next to Select a preference item.
3. Select the name of the view you would like to retrieve.
4. Click Load.

You can also update or delete the saved view:

1. Click Save/Delete.
2. Click the dropdown menu next to Select a preference item to upgrade or delete.
3. Select the name of the view you would like to upgrade or delete.
4. Click the update icon or the delete icon.
The second tool of note is Export to Excel located at the end of the tool bar. Simply clicking this button allows the user to export the cube in its current state to an Excel worksheet where it can be altered, saved and printed in Excel format.


### 9.2.2.5. Cube Scenarios

#### Scenario 1: Critical Indicator Cube

When looking at Performance Improvement you can perform a frequency analysis of indicator utilization to answer several questions. Below are the steps to run a report for the following critical indicator frequency related questions.

1. How many ventilator critical indicators selected.
2. How many restraints critical indicators selected.

To produce a report that provides all this information, take the following steps:

1. Select the Critical Indicator Cube from the Strategic section of WMSNi Reporting.
2. Select the OLAP Navigator icon.
3. Select the Time hyperlink
   - a. Within the time dimension, select the time frame desired for the report by selecting the symbol and selecting the checking the desired time period(s).
   - b. Select OK
4. Select the Measures hyperlink
   - a. Within the Measures, select Tot Occurrences and Avg Daily Occurrences.
   - b. Select OK
5. Select the Organization hyperlink
   - a. Within the Organization dimension, select the organization desired for the report by selecting the symbol and selecting the checking the desired organization(s).
   - b. Select OK
6. Select the rows icon next to the Critical Indicator dimension
7. Select the Critical Indicator hyperlink
   - a. Within the Critical Indicator dimension, select the critical indicators desired for the report by selecting the symbol and selecting the checking the desired critical indicator(s).
   - b. For ventilator care, select the following:
     - i. Expand the critical indicator dimension
ii. Expand the Activities of Daily Living (ADL)

iii. Expand the Respiratory category

iv. Select the ventilator care critical indicator.

c. For restraints:

i. Expand the TPM

ii. Expand the Each Hour Requiring Continuous Staff Attendance ...

iii. Select the Restraint Care critical indicator.

d. Select OK

8. Select OK

**Scenario 2: Patient Cube**

You are concerned that your workload is not only a reflection of the number of NCHs that your unit has but also how many transfer ins, transfer outs, discharges and admissions you experience over time in comparison to your total number of patient days.

To produce a report that provides all this information, take the following steps:

1. Select the Patient Cube from the Strategic section of WMSNi Reporting.

2. Select the OLAP Navigator icon.

3. Select the Time hyperlink

   a. Within the time dimension, select the time frame desired for the report by selecting the symbol and selecting the checking the desired time period(s).

   b. Select OK

4. Select the Measures hyperlink

   a. Within the Measures, select Tot Patient Days, Tot Admissions, Tot Transferred In, Tot Transferred Out and Tot Discharged.

   i. NOTE: To see the daily averages for a time period, select the set of “Avg Daily” measures instead of the “Tot” measures

   b. Select OK

5. Select the Organization hyperlink

   a. Within the Organization dimension, select the organization desired for the report by selecting the symbol and selecting the checking the desired organization(s).

   b. Select OK

6. Select OK
9.2.3. Section Monthly WMSN Report

The Section Monthly WMSN Report summarizes workload related statistics for the overall MTF as well as each level within the organization. Each page contains four graphs with data on patient volume and NCH by acuity category as well as FTR and WMSN required versus Scheduled data. To access the Section Monthly WMSN Report:

1. Select the Reporting tab from the tab bar.

--or--

Place the cursor over Reporting to display a drop down menu.

2. Select Strategic. A list of Strategic reports will appear.

3. From the list, select Section Monthly WMSN Report.

The default report will automatically pull up your authorized access, and the page will display as shown in Figure 9-5. If applicable, choose an organization from the Organization Tree (see section 9.1.) and a date from the Date Tree located on the left hand side of the page. The graph report is situated on the right hand side of the page. A toolbar is located along the top of the graph report (see section 9.1, Traditional Report Toolbar).

![Figure 9-5](image)

9.2.3.1. Section Monthly WMSN Reporting Graphs

Each page of the report includes statistical graphs reflecting acuity, workload, and manpower data at each level of a specified organization. The name of the MTF, section, or ward is displayed in the upper left hand corner of each page of the report.

NCH by Acuity

The NCH by Acuity graph (top left) displays the average amount of NCH per acuity category. Acuity category number is aligned along the horizontal axis, and average amount of NCH is aligned along the vertical axis. The bar rising from each category reflects the daily average amount of NCH per category.

Patients by Acuity
Similarly, the *Patients by Acuity* graph (top right) displays the daily average amount of patients admitted to the specified organization by acuity category. Here, acuity category number is also aligned along the horizontal axis, and average number of patients is aligned along the vertical axis. A bar rises from each category reflecting the average number of patients in that category.

**FTRs Comparison by Section**

In the *FTRs Comparison* graph, the name of the section is displayed on the horizontal axis, and average number of FTRs is aligned along the vertical axis. Each bar is color coded, as identified to the right of the graph, and reflects average number of *Regular*, *Borrowed*, and *Total* FTRs.

**WMSN Required vs Scheduled FTRs by Section**

The *WMSN vs Scheduled* graph (bottom right) compares the average amount of nursing personnel required by the WMSN with the average amount actually scheduled. The MTF name is displayed on the horizontal axis and average number of FTRs aligned along the vertical axis. Each bar is color coded as identified to the right of the graph. The *WMSN Required and Scheduled* bars rise from the zero point axis where a *Difference* bar falls from the zero point axis reflecting the difference between the two.

**Individual Ward Report Pages**

On page of the *Section Monthly WMSN Report* specific to a ward within the organization, the *WMSN Required vs Scheduled FTRs* is broken out by skill type, and the FTRs comparison is a Monthly Staffing Summary which is also broken out by skill type. In the first of these (bottom right), skill type is aligned along the horizontal axis, and average amount of FTRs is aligned along the vertical axis. Bars rise from each skill type reflecting the WMSN required amount of FTRs, amount scheduled, and the difference between the two for each skill type. These bars are color coded as identified to the right of the graph. In the second of these graphs (bottom left), skill type is on the horizontal axis and average amount of FTRs are on the vertical axis as in the previous graph. Amount of *Regular*, *Borrowed*, and *Total* FTRs are represented for each skill type according to the bars which are color coded as identified to the right of the graph.

At the bottom of each ward report page is a *Monthly Staffing Data* report for the specified ward. This is a traditional report. Notice the following column titles along the top of the report:

- *Skill*
- *Total Available Hours*
- *Regular FTRs*
- *Borrowed FTRs*
- *Total FTRs*
- *WMSN Required*
- *Total FTRs-WMSN Required*

Along the left hand side of the report, nursing skill type is listed in rows, and each skill type corresponds to the data which follows in that row. This report summarizes all of the data depicted in the WMSN Required vs Scheduled and Monthly Staffing Summary graphs.
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pertaining to the ward level report. At the bottom of the report summary, totals for the ward as well as the overall MTF are included.

9.2.4. WMSN Summary Report by Facility

The *WMSN Summary Report by Facility* is a comprehensive report containing acuity, workload, and manpower statistics for each ward and overall MTF. The first two pages of this report summarize data for the overall MTF. Each subsequent page summarizes data for an individual ward within that MTF. To access this report:

1. Select the *Reporting* tab from the tab bar.

   --or--

   Place the cursor over *Reporting* to display a drop down menu.

2. Select *Strategic*. A list of Strategic reports will appear.

3. From the list, select *WMSN Summary Report by Facility*.

The default report will automatically pull up your authorized access, and the page will display as shown in Figure 9-6. If applicable, choose an organization from the *Organization Tree* (see section 9.1.) and a date from the *Date Tree* located on the left hand side of the page. The graph report is situated just under the *Organization Tree*. A toolbar is located along the top of the graph report (see section 9.1, *Traditional Report Toolbar*). Data in the graphs and summary reports depend on the organization level from which you are viewing the report.

![Figure 9-6](image)

9.2.4.1. Reports for Overall MTF

MTF report pages contain four statistical graphs pertaining to NCH and patient volume for the overall MTF. A summary report details this data by ward and unit type at the bottom of the page. Page 2 of this report contains two statistical graphs pertaining to WMSN required staffing versus scheduled staff along with a detailed summary report for the overall MTF.
NCH & Raw Staff by Acuity

This bar graph reflects the amount of NCH per acuity category and the number of staff required to fulfill those hours. *Acuity category* number is aligned along the horizontal axis, and amount of *NCH and Raw Staff* is aligned along the vertical axis. The bars representing *NCH* and *Raw Staff* are color coded, as identified to the right of the graph, and rise from each category number reflecting the amount of *NCH* and *Raw Staff* for each acuity category.

Patients by Unit Type by Acuity

This bar graph reflects the amount of patients per acuity category according to unit type. *Unit Type* is displayed along the horizontal axis, and number of patients is aligned along the vertical axis. Each bar is color coded and corresponds with an acuity category number as identified to the right of the graph.

Patients by Ward by Code

This bar graph reflects the same as the above graph, but instead of unit type, the amount of patients per acuity category is according to individual wards.

Summary Data

At the bottom of page 2 of each MTF report, notice the *Patient Data* summary report. This traditional report summarizes all of the data in the above graphs according to individual ward and unit type. Notice the following column titles along the top bar of the report:

- **MTF**
- **Unit Type**
- **Ward**
- **Acuity Code**
- **Daily Average Patients**
- **Daily Average NCH**
- **Raw Staff Earned**
- **Average Acuity**

Information is listed under each of these sections accordingly. Totals of the given data are provided for each ward and are also provided for the overall MTF at the bottom of the report. This report may be several pages.

WMSN Required vs FTRs Summary Data

Regardless of the organization level from which you are viewing the report, each report contains a *WMSN Required vs FTRs Summary Data* report. This traditional report summarizes all of the data in the above graphs, breaking the data out by unit type, ward, designation type, and skill type. Notice the following column titles along the top bar of the report:

- **MTF**
- **Unit Type**
- **Ward**
- **Prof/Para (Designation type)**
- **Skill Type**
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- **WMSN Required**
- **Scheduled**
- **Difference**

Information is listed under each of these column titles accordingly. Totals of the given data are provided for each ward and are also provided for the overall MTF at the bottom of the report. This report may be several pages long.

### 9.2.4.2. Report Pages for Individual Wards within the MTF

Each ward report page summarizing data for an individual ward within an MTF contains four graphs: *NCH by Acuity Category, Patients by Acuity Category, WMSN vs Scheduled, Monthly Staffing Summary*.

#### NCH by Acuity

The *NCH by Acuity* graph (top left) displays the average amount of *NCH* per acuity category. Acuity category number is aligned along the horizontal axis, and average amount of *NCH* is aligned along the vertical axis. The bar rising from each category reflects the daily average amount of *NCH* per category.

#### Patients by Acuity

Similarly, the *Patients by Acuity* graph (top right) displays the daily average amount of patients admitted to the specific ward by acuity category. Here, acuity category number is also aligned along the horizontal axis, and average number of patients is aligned along the vertical axis. A bar rises from each category reflecting the average number of patients in that category.

#### WMSN Required vs Scheduled

The *WMSN vs Scheduled* graph (bottom left) compares the average amount of nursing personnel required by the WMSN with the average amount scheduled according to skill type. Skill type is aligned along the horizontal axis and average number of FTRs aligned along the vertical axis. Each bar is color coded as identified to the right of the graph. The *WMSN Required* and *Scheduled* bars rise from the zero point axis where a *Difference* bar falls from the zero point axis reflecting the difference between the two.

#### Monthly Staffing Summary

In the *Monthly Staffing Summary* graph, skill type is on the horizontal axis and average amount of FTRs are on the vertical axis as in the previous graph. Each bar is color coded, as identified to the right of the graph, and reflects average number of *Regular, Borrowed*, and *Total FTRs*.

### 9.2.5. Manpower Staffing Standards Report

The *Manpower Staffing Standards Report* shows the total number of man-hours earned based on the workload factor and the average monthly number of patients per acuity category. This report contains a traditional report, which summarizes the above information, as well as a dashboard containing interactive graphs. These graphs display the *Daily Average Patients by Month, Daily Average Patients by Acuity Category* (for the time selected), *Daily Average Patients by Month for Category* (for the category selected), and *Patients by Day*.
for Category (for the selected category) in time selected as seen in Figure 9-7. To view the Manpower Staffing Standard Report, complete the following:

1. Select the Reporting tab from the tab bar.

   --or--

   Place the cursor over Reporting to display a drop down menu.

2. Select Strategic. A list of Strategic reports will appear.

3. Click Manpower Staffing Standards Report. This report will then load. The report will display the standard time frame of a rolling quarter (3 months).

Figure 9-7

Manpower Staffing Standards Report

Once the report loads, a toolbar will be located along the top of the traditional report labeled in Figure 9-7 (see section 9.1, Traditional Report Toolbar). The report will display the name of the ward and will display 3 pages for each month. Each page of the report will display the following columns:

- Month/Year
- Category
- Monthly Average Patients
- NCH

The bottom of the report will display the Totals for Month and the date and time the user is accessing the report.

The Organization Tree will be located beneath the toolbar.

Note: For more information on the Organization Tree, refer to section 9.1.

The rest of the Manpower Staffing Standards Report will contain a dashboard of graphs. These graphs are Daily Average Patients by Month, Daily Average Patients by Acuity Category (for the selected month), Average Patients by Month for Category (for the selected category), and Patients by Day for Category (for the selected category) in selected month.
Daily Average Patients by Month

The top left graph is an interactive graph that displays the Daily Average Patients by Month as seen in Figure 9-8. This graph provides information on the average number of patients within the rolling quarter. The months and year selected will be displayed on the horizontal axis. The vertical axis will display the number. Within the graph are four different colored lines representing the following:

- Patients
- LCL
- UCL
- Average

Users are able to click on three different intervals on each line, selecting the number for the desired month and year. By selecting one of these intervals, the Daily Average Patients by Acuity Category and Patients by Day for Category will refresh with the updated information directly concerning the month and year selected.

![Daily Average Patients by Month](image)

Figure 9-8

Daily Average Patients by Acuity Category

This bar graph is located on the top right hand side of the page, as seen in Figure 9-9, and displays the daily average patients by acuity category for the month and year selected within the Daily Average Patients by Month graph. The horizontal axis displays the category number and the vertical axis displays the number of patients. When you hover or place your mouse over any one of the bars, the category and number will pop up. Users can click on any one of the bars pertaining to a category. This will refresh the Daily Average Patients by Month graph for the category selected, updating the information accordingly.
**Daily Average Patients by Month for Category**

This line graph is located on the bottom left hand side of the page (as seen in Figure 9-10) and displays the average patients by month for the selected category from the *Daily Average Patients by Acuity Category* graph. The horizontal axis will display the months and year and the vertical axis will display the number of patients. Within the graph are four different colored lines representing the following:

- *Patients*
- *LCL*
- *UCL*
- *Average*

Users are able to manipulate this graph as well by selecting one of the intervals for the desired month and year. When you hover or place your mouse over an interval, the line title selected (UCL, LCL, Patients, or Average), month and year, and number will pop up. When one of the intervals is selected, the *Patient by Day for Category* graph will refresh and update accordingly.
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Figure 9-10

Patients by Day for Category

This line graph is located on the bottom right hand side of the page and displays the number of patients for each day in the selected month and for the selected category as seen below in Figure 9-11 (default category is “II”). The horizontal axis displays the day and the vertical axis displays the number of patients. When you hover or place your mouse over the displayed intervals on the line, the number of patients for that day will pop up.

Figure 9-11

Summary of Manpower Staffing Standards Report

Overall, the Manpower Staffing Standards Report will display the average number of patients in the selected ward for the selected time frame under each acuity category. This real time report will aid in presenting the manpower needed for each ward as well as providing detailed averages for the year, month, and even day selected. Lastly, when the information desired is retrieved, users are able to print AND/OR export the traditional report to excel.
9.2.6. Inpatient Nursing Summary Report

The Inpatient Nursing Summary Report contains NCH on both Paraprofessional and Professional nurses for the user’s ward or selected ward, the number of FTR for both, and Totals for the section and MTF. To view the Inpatient Nursing Summary Report complete the following:

1. Select the Reporting tab from the tab bar.

--or--

Place the cursor over Reporting to display a drop down menu.

2. Select Strategic. A list of Strategic reports will appear.

3. From the list, select Inpatient Nursing Summary Report. The report will display as seen below in Figure 9-12: Inpatient Nursing Summary Report.

![Figure 9-12]

The left hand side of the page contains the Organization Tree and Date Tree. The Date Tree operates in the same fashion as the Organization Tree.

Note: For more information on authorized access, refer to Chapter 1, section 1.2. If necessary, select an organization from the Organization Tree (see section 9.1.).

A toolbar is located along the top of the report (see section 9.1, Traditional Report Toolbar). The top of the report will display the name of the MTF, and Month of Report. The columns display the following:

- Ward
- Professional/Paraprofessional
- Nursing Care Hours
- FTRs

The report also displays the Totals for the section and MTF.
9.3. Tactical Reporting

9.3.1. Workload Dashboard

The Workload Dashboard contains interactive graphs which allow you to view staffing trends in the WMSNi. This capability helps users identify staffing deficiencies and surpluses and determine where staff may be pulled to address staffing needs. To view and utilize the dashboard, complete the following:

1. Select the Reporting tab from the tab bar.

   --or--

2. Place the cursor over Reporting to display a drop down menu.


4. From the list, select Workload Dashboard.

The system will automatically pull up your authorized ward and the page will display as shown in Figure 9-13. The left hand side of the page contains a Select Shift Type box and the Organization Tree. The right hand side of the page displays four inter-reliant graphs. If applicable, select a ward from the Organization Tree (see section 9.1). Before you can manipulate the graphs, select a shift type from the Select a Shift Type box by clicking on the dot next to 8 Hour Shifts or 12 Hour Shifts.

![Figure 9-13](image)

**Note:** For more information on authorized access, refer to Chapter 1, section 1.2.

9.3.1.1. Scheduled Hours vs Required Hours Graph

The first graph (top left) is a line graph titled Scheduled Hours vs Required Hours. This graph depicts the difference between the required staffing projected by the WMSNi and the actual staffing scheduled for each shift. Each line is color coded as identified just below the graph. As seen in Figure 9-14, hours of the day are aligned along the horizontal axis, and number of staffing hours is aligned along the vertical axis. Looking at the graph, you will notice where there are significant differences between the number of staffing hours
required and the number of staffing hours scheduled. For this reason, the user may want to view the difference between scheduled and required staffing hours according to scheduled personnel mix for any hour where there is a significant difference between the two. Within the graph, notice the points along the lines. Each of these correlates with a specific hour of the day. Clicking on any one of these points will feed staffing information for that hour to the Over-Under Staffing Mix graph (top right), which will then refresh with the updated information.

![Figure 9-14](image)

**9.3.1.2. Over-Under Staffing Mix Graph**

This graph reflects the amount of staffing hours by skill type scheduled above or below the required amount for the specified hour. As seen in Figure 9-15, nursing skill type is aligned along the horizontal axis; number of staff scheduled over or under the required amount is aligned along the vertical axis. Bars rising from the zero point axis reflect the amount of staffing hours scheduled above the required amount. Bars falling from the zero point axis reflect the amount of staffing hours scheduled below the required amount. Based on significant differences here, the user may want to view required versus scheduled amount of staffing hours of a specific skill for that hour of the day. Clicking on the bar of any skill type will feed staffing information for that skill type and specified hour to the Scheduled Hours vs Required Hours for Selected Skill graph as well as the Top Ten Staffed Wards graph, which will then refresh with the updated information.
9.3.1.3. Scheduled Hours vs Required Hours for Selected Skill Graph

This line graph (bottom left) is similar to the Scheduled Hours vs Required Hours graph and depicts the difference between the staffing hours required for a specific skill and the amount of staffing hours actually scheduled for that skill. As seen in Figure 9-16, hours of a shift are aligned along the horizontal axis, and number of staffing hours is aligned along the vertical axis. Looking at the graph, you may notice where there are significant differences between the number of staffing hours required and the number of staffing hours scheduled for the specified skill. As with the Scheduled Hours vs Required Hours graph, you will notice the points along the lines which correlate with a specific hour of the day. Clicking on any one of these points will feed staffing information for that skill and hour to both the Over-Under Staffing Mix graph as well as the Top Ten Staffed Wards graph (bottom right), which will then refresh with the updated information. Otherwise, the information in the Top Ten Staffed Wards graph will remain for the hour previously specified in the Over-Under Staffing Mix graph.
9.3.1.4. Top Ten Staffed Wards Graph

This bar graph reflects the staffing hours scheduled as a percent of the hours required by the WMSNi for the selected skill and hour of the day. The ward name is aligned along the horizontal axis, and the percentage of required hours staffed is aligned along the vertical axis, as seen in Figure 9-17. The top ten wards by staffing percent are returned.

9.3.2. Nursing Unit Daily WMSN Report

The Nursing Unit Daily WMSN Report page displays a W/C Status summary for the day in addition to graphs which compare the number of FTEs scheduled versus the number required both by shift and by nursing personnel skill. It also contains graphs reflecting the
number of patients in each classification category as well as NCH by category. This report has information the NC, OIC finds useful to ensure enough staff is on-hand for the shifts within the next 24 hours. To access the Nursing Unit Daily WMSN Report page:

1. Select the Reporting tab from the tab bar.

   --or--

2. Place the cursor over Reporting to display a drop down menu.


The default report will automatically pull up your authorized ward and the page will display as shown in Figure 9-18. The left hand side of the page contains the W/C Status summary as well as the Organization Tree. If applicable, select an organization from the Organization Tree located on the left hand side of the page (see section 9.1.). Also, select a shift type from the Select a Shift Type box by clicking on the dot next to 8 Hour Shifts or 12 Hour Shifts.

![Figure 9-18](image_url)

Note: For more information on authorized access, refer to Chapter 1, section 1.2. The right hand side of the page contains four graphs depicting the information described above.

9.3.2.1. Work Center Status Summary

The W/C Status summary, located in the upper left hand side of the page, contains a list of information pertaining to the specified ward. The name of that ward is displayed at the top of the W/C Status summary box which contains the following:

- Inter-Rater Reliability
- Beds Available
- Current Census
- Total In
- Total Out
- Occupancy Rate
- Average Acuity
Inter-Rater Reliability represents the IRR score of the last date testing was performed. Beds Available is the total number of beds in the specified ward. Current Census is the number of currently admitted patients. Total In reflects the total number of patients admitted and transferred into that ward for the day. Total Out reflects the total number of patients discharged and transferred out of the ward for the day. Occupancy Rate refers to the percentage of occupied beds for the day. Average Acuity refers to the average acuity for all categories for the day.

9.3.2.2. Nursing Daily WMSN Reporting Graphs

Required vs Scheduled FTEs by Shift

The Required vs Scheduled FTEs by Shift bar graph (upper left) illustrates the WMSN projected required amount of FTEs versus the amount actually scheduled for each shift of the report day for that specific ward. Shift number is aligned along the horizontal axis, and number of staff is aligned along the vertical axis. There are two color coded bars rising from each shift representing Required FTEs and Scheduled FTEs. The color designated for each bar is visible just below the graph.

Required vs Scheduled FTEs Difference

The Required vs Scheduled FTEs Difference graph (upper right) is a bar graph which shows the amount of FTEs by skill type scheduled above or below the required amount for that ward. As with the above graph, shift number is aligned along the horizontal axis, and number of staff is aligned along the vertical axis. Each bar is color coded according to skill type, identified just under the graph. Bars rising from the zero point axis reflect the amount of staff scheduled above the required amount. Bars falling from the zero point axis reflect the amount of staff scheduled below the required amount.

Patients by Category

The Patients by Category bar graph (lower left) simply displays the amount of patients currently admitted to the specific ward by acuity category. Category number is aligned along the horizontal axis, and number of patients is aligned along the vertical axis. A bar rises from each category reflecting the number of patients in that category for that report day.

NCH by Category

Similar to the Patients by Category graph, the NCH by Category graph (bottom right) breaks out the amount of NCH per classification acuity category. Category number is aligned along the horizontal axis, and amount of NCH is aligned along the vertical axis. The bar rising from each category reflects the amount of NCH during that report day.

9.3.3. 24 Hour Report

Under Tactical, users can access the 24 Hour Report. This all-in-one report provides the selected ward’s Nursing Unit Daily WMSN Report, WMSN Summary Report by Facility, Patient Acuity File Listing, and the Single Day Schedule.

To access the 24 Hour Report, complete the following:

1. Select the Reporting tab from the tab bar.

   --or--

   Place the cursor over Reporting to display a drop down menu.
2. Select Tactical. A list of Tactical reports will appear.

3. Click 24 Hour Report.

The default report will automatically pull up your authorized ward as shown in Figure 9-19. To access the 24 Hour Report for another ward, select desired ward from the Organization Tree (see section 9.1.). Note: For more information on authorized access, refer to Chapter 1, section 1.2. The selected ward’s 24 Hour Report will then load.

9.3.3.1. 24 Hour Report

The 24 Hour Report will contain a toolbar along the top of the report (see section 9.1, Traditional Report Toolbar).

Primary Patent Unit Type Page in 24 Hour Report

On the first page of the report, the name of the MTF for the selected 24 Hour Report and Primary Patent Unit Type will be displayed. The date and time this report is accessed will be displayed at the bottom left hand corner.

The Ward Summary displays the following sections:

- Volume
- Critical Indicators of Interest
- Command Interest Counts
- Age/Length of Stay
- Patient Turbulence
- Day Shift
- Evening Shift
- Night Shift

The Volume section displays the following:

- Census 0700 - Number of patients at the start of the day
- Census 0400 - Number of patients at the end of the day
- Capacity - Number of occupied beds at the time the report is run.

The Critical Indicators of Interest section displays the following:
- Restraints
- Ventilation
- Isolations
- CPAP
- Deliveries
- PCA (Patient Controlled Analgesia)

The Command Interest Counts section displays the following:
- CI (Command Interest)
- SI (Seriously Ill)
- VSI (Very Seriously Ill)
- SC (Special Category)

The Age/Length of Stay section displays the following:
- Over 65
- Adolescents
- Over 30 Days

The Patient Turbulence section displays the following for the Day Shift, Evening Shift, and Night Shift:
- Admitted
- Transferred In
- Transferred Out
- Discharged
- Shift Start Census
- Shift Start Capacity
- Shift Start Vacant Beds
- ADT Index
- Shift Start Occupied Pct.

Below this, a dashboard displaying graphs for Required vs. Scheduled FTEs by Shift, Required vs Scheduled FTEs Diff, Patients by Acuity Category, and NCH by Acuity Category will be displayed.

**Required vs Scheduled FTEs by Shift**

The Required vs Scheduled FTEs by Shift bar graph displays the shift number on the horizontal axis and the number of FTEs on the vertical axis. The blue bar depicts the Required FTEs and the brown bar depicts the Schedules FTEs.
Required vs Scheduled FTEs Difference

The Required vs Scheduled FTEs Diff bar graph displays the shift number on the horizontal axis and the number of staff on the vertical axis. This bar graph shows the scheduling difference between each shift according to skill type:

- HN (Head Nurse)
- LPN (Licensed Practical Nurse)
- NA (Nursing Assistant)
- RN (Registered Nurse)
- WM (Ward Master)

Each bar is color coded according to skill type, identified to the right of the graph as seen in. Bars rising from the zero point axis reflect the amount of staff scheduled above the required amount. Bars falling from the zero point axis reflect the amount of staff scheduled below the required amount.

Patients by Acuity Category

The Patients by Acuity Category bar graph displays the number of patients on the vertical axis and the shift number on the horizontal axis.

NCH by Acuity Category

The NCH by Acuity Category bar graph displays the number of NCH on the vertical axis and the shift number on the horizontal.

Patient Acuity File Listing Page in 24 Hour Report

On the second page of the 24 Hour Report, the name of the MTF for the selected 24 Hour Report and Majority Patient Unit Type will be displayed.

The top half of the page displays the Patient Acuity File Listing as seen below in Figure 9-20. The columns are labeled as follows:

- Acuity Category
- Patient Type
- Patient Name
- Registrar Number
- Age
- Date of Last Assessment
- Length of Stay
- Doctor
- Admission Diagnosis/Comments
Figure 9-20

The bottom half of the page displays Today’s Employee Schedule. The columns are labeled and contain the information for as followed:

- **Scheduled Time**
- **Skill**
- **Name**

The scheduled time is presented for the shift times—3, 8 hour shifts and the 2, 12 hour shifts. The date and time this report is accessed will be displayed at the bottom left hand corner.

### 9.3.4. Patient Acuity File Listing Report

The *Patient Acuity File Listing* report lists all of the patients currently assigned for each nursing ward. Demographic information for each patient includes the registrar number, age, patient name, patient type, acuity category, doctor, diagnosis, and the date and time the patient was last classified. As well, IRR percentage agreement is also included.

To access the *Patient Acuity File Listing* report, complete the following:

1. Select the *Reporting* tab from the tab bar.

   —or—

   Place the cursor over *Reporting* to display a drop down menu.

2. Select *Tactical*. A list of *Tactical* reports will appear.

3. Click *Patient Acuity File Listing*. The report will then load.

**Patient Acuity File Listing**

The *Patient Acuity File Listing* contains a toolbar along the top of the report (see section 9.1, *Traditional Report Toolbar*). On the left hand side, the *Organization Tree* is located.

**Note:** For more information on the *Organization Tree*, refer to section 9.1. The rest of the page will display the traditional report.

On the top left hand side, the name of the selected MTF and ward will appear. To the right of this, the Inter-Rater Reliability score and the Date of Last Rating are visible. The report contains the following columns pertaining to the specified ward:
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- Acuity Category
- Patient Type
- Patient Name
- Registrar Number
- Age
- Date of Last Classification
- Length of Stay
- Doctor
- Admission Diagnosis/Comments

The bottom of the report will display the date and time the report was retrieved.

9.3.5. Ward Activity Report

The Ward Activity Report identifies by name each patient admitted, transferred in or out, or discharged from a particular nursing ward. The patient’s name, registrar number, age, acuity category, doctor, diagnosis, and comments are reflected in this report. This report will identify the average number of patients by category and acuity, summarize the census statistics, and compare the required and actual staffing.

To access the Ward Activity Report, complete the following:

1. Select the Reporting tab from the tab bar.

   --or--

2. Place the cursor over Reporting to display a drop down menu.


4. Click Ward Activity Report. The report will then load as seen below in Figure 9-21.

![Figure 9-21](image)

Ward Activity Report

The Ward Activity Report will contain a toolbar along the top of the report (see section 9.1, Additional Report Toolbar). On the left hand side, the Organization Tree will be located.
Note: For more information on the Organization Tree, refer to section 9.1. The rest of the page will display the traditional report.

On the left hand side, the name of the selected MTF and ward will appear. To the right of this, the Inter-Rater Reliability score and the Date of Last Rating are visible. The report contains the following columns pertaining to the specified ward:

- Status
- Patient
- Registrar Number
- Age
- Pat Type
- UCA Code
- Acuity Category
- Last Update
- Doctor
- Admission Diagnosis
- Admission Comments

The bottom of the traditional report contains the Total Admitted, name of MTF and ward, as well as the date accessed.

9.3.6. SI/VSI/CI/SC Report

The SI/VSI/CI/SC Report lists all patients reported by each nursing unit as seriously ill (SI), very seriously ill (VSI), of command interest (CI), AND/OR of a special category (SC). This report includes the doctor’s name and medical diagnosis.

To access the SI/VSI/CI/SC Report, complete the following:

1. Select the Reporting tab from the tab bar.

   --or--

2. Select Tactical. A list of Tactical reports will appear.

3. Click SI/VSI/CI/SC Report. The report will then load as seen below in Figure 9-22.

The SI/VSI/CI/SC Report will contain a toolbar along the top of the report (see section 9.1, Traditional Report Toolbar). On the left hand side, the Organization Tree will be located.
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Figure 9-22

Note: For more information on the Organization Tree, refer to section 9.1. The rest of the page will display the traditional report.

On the left hand side, the name of the selected MTF and ward will appear. To the right of this, the Inter-Rater Reliability score and the Date of Last Rating are visible. The report contains the following columns pertaining to the specified ward:

- Critical Indicator
- Patient
- Status
- Grade
- Doctor
- Admission Diagnosis
- Admission Comments

The rest of the report will contain information on each of these categories. As well, the bottom of the report will display the date accessed.

9.3.7. Unassessed Patient Report

The Unassessed Patient Report displays the patients who have not yet been classified or who have not been classified in over 24 hours.

To access the Unassessed Patient Report, complete the following:

1. Select the Reporting tab from the tab bar.

   --or--

   Place the cursor over Reporting to display a drop down menu.

2. Select Tactical. A list of Tactical reports will appear.

3. Click Unassessed Patient Report. The report will then load as seen below in Figure 9-23.
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Figure 9-23

The Unassessed Patient Report will contain a toolbar along the top of the report (see section 9.1, Traditional Report Toolbar). On the left hand side, the Organization Tree will be located.

Note: For more information on the Organization Tree, refer to section 9.1.

The rest of the page will display the traditional report. At the top left hand side, the name of the selected MTF and ward will appear. To the right of this, the Inter-Rater Reliability score and the Date of Last Rating are visible. The report contains the following columns pertaining to the specified ward:

- Patient
- Registrar Number
- Age
- Patient Type
- Acuity Category
- Date of Last Classification
- Hours Since Last Classification
- Last Update
- Doctor
- Admission Diagnosis/Comments

The rest of the report will contain information on each of these categories. As well, the bottom of the report will display the total number and the date accessed.

**9.3.9. LAD Daily Report**

The LAD Daily Report contains four graphs depicting acuity, workload, and manpower data for LADUs. To access this report:

1. Select the Reporting tab from the tab bar.

-or-

Place the cursor over Reporting to display a drop down menu.
2. Select Tactical. A list of Tactical reports will appear.

3. From the list, select LAD Daily Report.

The default report will automatically pull up your authorized access. The top of the page contains the Select a Shift box, W/C Status summary, calendar, and the Organization Tree. Data depicted in the graph depends on the organization level from which you are viewing the report. If applicable, select an organization from the Organization Tree located on the left hand side of the page (see section 9.1.). Also, select a shift type from the Select a Shift Type box by clicking on the dot next to 8 Hour Shifts or 12 Hour Shifts, and select the day for which you would like to run the report from the calendar.

9.3.9.1. Work Center Status Summary

The W/C Status summary contains a list of information pertaining to the specified ward. The name of that ward is displayed at the top of the W/C Status summary box which contains the following:

- Inter-Rater Reliability
- Beds Available
- Current Census
- Total In
- Total Out
- Occupancy Rate
- Average Acuity

Inter-Rater Reliability represents the IRR score of the last date testing was performed. Beds Available is the total number of beds in the specified LADU. Current Census is the number of currently admitted patients. Total In reflects the total number of patients admitted and transferred into that LADU for the day. Total Out reflects the total number of patients discharged and transferred out of the LADU for the day. Occupancy Rate refers to the percentage of occupied beds for the day. Average Acuity refers to the average acuity for all categories for the day.

9.3.9.2. LAD Daily Reporting Graphs

Required vs Scheduled FTEs by Shift

The Required vs Scheduled FTEs by Shift bar graph (upper left) illustrates the WMSN projected required amount of FTEs versus the amount actually scheduled for each shift of the report day for that specific LADU. Shift number is aligned along the horizontal axis, and number of staff is aligned along the vertical axis. There are two color coded bars rising from each shift representing Required FTEs and Scheduled FTEs. The color designated for each bar is visible just below the graph. Required vs Scheduled FTEs Difference

The Required vs Scheduled FTEs Difference graph (upper right) is a bar graph which shows the amount of FTEs by skill type scheduled above or below the required amount for that LADU. As with the above graph, shift number is aligned along the horizontal axis, and number of staff is aligned along the vertical axis. Each bar is color coded according to skill type, identified just under the graph. Bars rising from the zero point axis reflect the amount of staff scheduled above the required amount. Bars falling from the zero point axis reflect the amount of staff scheduled below the required amount.
Patients by Category

The *Patients by Category* bar graph (lower left) simply displays the amount of patients currently admitted to the specific ward by acuity category. Category number is aligned along the horizontal axis, and number of patients is aligned along the vertical axis. A bar rises from each category reflecting the number of patients in that category for that report day.

NCH by Category

Similar to the *Patients by Category* graph, the *NCH by Category* graph (bottom right) breaks out the amount of *NCH* per classification acuity category. Category number is aligned along the horizontal axis, and amount of *NCH* is aligned along the vertical axis. The bar rising from each category reflects the amount of *NCH* during that report day.

9.4. IRR

There are two reports located under this section. After completing and IRR classification, users can assess the outcome by viewing the *IRR Test Results*. This section also provides a command level *IRR Report*.

9.4.1. IRR Test Results

Access to the *IRR Test Results* is available for each ward under *IRR* from the *Reporting* tab. This report contains data from the most recent *IRR Test* conducted for a specified ward. To access the *IRR Test Results Report* page:

1. Select the *Reporting* tab from the tab bar.

   --or--

   Place the cursor over *Reporting* to display a drop down menu.

2. Select *Strategic*. A list of *Strategic* reports will appear.

3. From the list, select *IRR Test Results*.

The system will automatically pull up your authorized ward and the page will display. If necessary, select a ward from the *Organization Tree* (see section 9.1). The right hand side of the page contains a traditional report.

A toolbar is located along the top of the report (see section 9.1, *Traditional Report Toolbar*). Within the report, the name of the *MTF* is identified. Below this and to the left, the name of the specified ward is displayed. To the right of the ward name are the date the last *IRR* rating was completed and the name of the experienced rater who participated in the test. Below the ward name is the number of patients rated (*Sample Size*), the number of category *Agreements* between the two raters, and the percentage Agreement of acuity points between the two raters. There are three parts to this report which include IRR Summary, Category Summary, and IRR Detail Summary, each contained on separate pages in the report. Along the top bar of the IRR Summary are the headings of the columns as follows:

- Patient
- Registrar Number
- Original Category
9.4. IRR Category

Agreed?

In addition, the total number of Agreements is listed at the bottom of the Agreed? column. The top bar of the Category Summary contains the following column headings:

- CI Category
- Patient
- Registration Number
- Agrees
- Total Agrees Possible
- Percent Agree

The top bar of the IRR Detail Summary contains the following column headings:

- Patient
- Registration Number
- Code
- CI Category
- Critical Indicator
- Original Qty
- IRR Qty
- Match

The report allows for easy comparison of the information recorded between the two raters.

9.4.2. IRR Report

This report dashboard contains four interactive graphs reflecting IRR testing information at the command level. To view and utilize the dashboard, complete the following:

1. Select the Reporting tab from the tab bar.

   --or--

   Place the cursor over Reporting to display a drop down menu.

2. Select IRR. A list of IRR reports will appear.

3. From the list, select IRR Report.

The system will automatically pull up your authorized ward and the page will display the four interactive graphs.

9.4.2.1. Current Percent Passing and Average IRR Score by RMC

The first graph (top left) is a bar graph titled Current Percent Passing and Average IRR Score by RMC. This graph depicts the percentage of MTFs within each RMC with a passing IRR.
rating as well as the average IRR score. Each bar is color coded, as identified just below the graph, and represents either the percent MTFs passing or the average score for each RMC. As seen in Figure 9-24, RMCs are aligned along the horizontal axis, and percentage amount is aligned along the vertical axis. You can focus, or drill down, on a particular RMC by clicking on either of the bars represented for the desired RMC. Information for the selected RMC will be fed to the Percent Passing and Average IRR Score for Selected RMC graph (top right), which will then refresh with the updated information.

![Current Percent Passing and Average IRR Score by RMC](image)

**Figure 9-24**

### 9.4.2.2. Percent Passing and Average IRR Score for Selected RMC Graph

This line graph (top right) depicts the percentage of MTFs passing within the selected RMC as well as the average IRR score for a three consecutive months. Each line is color coded, as identified just below the graph, and represents either the percent passing or the average IRR score. Figure 9-25 shows Month aligned along the horizontal axis and percentage amount aligned along the vertical axis. Clicking on any of the points along either of the lines, which correspond to a specific month, will feed information for that month to the Percent Passing & Average Score by MTF at end of Month graph, which will then refresh with the updated information.
9.4.2.3. Percent Passing & Average Score by MTF at end of Month Graph

This bar graph (bottom left) depicts the percentage of wards with a passing IRR score as well as the average score for every MTF within the specified RMC. Each bar is color coded, as identified just below the graph, and represents either the percentage of wards passing or the average score for each MTF. Figure 9-26 shows MTF name aligned along the horizontal axis and percentage amount aligned along the vertical axis. Clicking on either of the bars represented for a specific MTF will feed IRR information for that MTF to the Top 5 and Bottom 5 Wards by IRR Score for Selected MTF at end of Month report, which will then refresh with the updated information.
9.4.2.4. Top 5 and Bottom 5 Wards by IRR Score for Selected MTF Report

This report (bottom right) lists the five highest scoring wards as well as the five lowest scoring wards for the specified month and MTF, depending on how many wards are within the MTF. For example, if there are only seven wards within the MTF, IRR scores will be represented for each ward. Scores are listed from highest to lowest. At the bottom of the report, you will notice page options. Each page of the report contains up to five scores. If necessary, you may access page 2 of the report simply by clicking Next or Last. To return to page 1 of the report, click Previous or First.

9.4.3. IRR Command Status Report

This report simply displays the IRR score for all wards within each MTF for all RMCs, depending on your authorized access. To access this report:

1. Select the Reporting tab from the tab bar.

   --or--

2. Place the cursor over Reporting to display a drop down menu.

3. Select IRR. A list of IRR reports will appear.

4. From the list, select IRR Command Report.

The system will automatically pull up your authorized access, and the page will display as shown in Figure 9-27. On the left hand side of the page, you will see the Organization Tree. If applicable, choose a RMC, MTF, or ward from the tree (see section 9.1). On the right hand side of the page, you will see a traditional report summarizing the IRR scores for the specified organization. A toolbar is located along the top of the graph report (see section 9.1, Traditional Report Toolbar). If viewing the data at the RMC level, each page of the report will reflect data for a different MTF within the specified RMC. The scores for each ward are listed on each MTF report page.

The name of the MTF is displayed in the top left corner of every page. The top bar of the report contains the following column titles:

- Ward (name of specific ward)
- IRR Score (the IRR score the last completed IRR test)
9.5. Individual Patient Acuity Classification Report

Access to the Individual Patient Acuity Classification Report is available for each ward under Classification from the Reporting tab. This report contains a classification summary for each individual patient. It can be accessed at any time after a patient has been classified and for up to seven days after they have been transferred or discharged. To access this report:

1. Select the Reporting tab from the tab bar.

   --or--

   Place the cursor over Reporting to display a drop down menu.

2. Select Classification. The Individual Patient Acuity Classification Report is listed here.

3. From the list, select Individual Patient Acuity Classification Report.

The system will automatically pull up your authorized ward and the page will display. If necessary, select a ward from the Organization Tree (see section 9.1). Then, select a patient name from the Patient Roster. The right hand side of the page contains a traditional report.

Note: You must select a patient name from the roster for the traditional report to load.

Patient Roster

After logging in and selecting a ward from the Organization Tree (if necessary), a Patient Roster will appear in the lower left hand side of the page. This roster displays the Patient Name, Registrar #, and Status of all patients admitted to the selected ward. Here, Status is based on the patient’s current classification status. Patients can have a Status of the following:

- Ready (Unclassified)—patient has not received a classification.
- Ready (# hours old)—patient has received a classification within the last 24 hrs and is ready for a new classification to be performed.
- In Progress (Unclassified)—patient has not previously received a classification, and classification has begun but has not been completed.
- In Progress (# hours old)—patient has received a classification within the last 24 hrs and a new classification has begun but has not been completed.

For patients who have not received a classification, a default report reflecting the default acuity category of II will be displayed. Scrolling down to the bottom of the Patient Roster, page options allow users to navigate through roster pages in order to find a specific patient name. Patients are listed in alphabetical order. To select a patient and load the Individual Patient Acuity Report:

- IRR Date (the date the last IRR test was completed)
- IRR Rater (name of the experienced classifier)

Note: If viewing the data at the ward level, the report will simply display the score for that ward.
1. Scroll down the roster to the name of the patient needing classification.

.or-

If applicable, scroll down to the bottom of the roster to manipulate the page options.

- Click Next to jump to subsequent pages of the roster.
- Click Previous to jump to preceding pages of the roster.
- Click Last to jump straight to the last page of the roster.
- Click First to jump straight to the first page of the roster.

2. Click on the name of the patient.

The Individual Patient Acuity Report for the specified patient is now visible to the right.

Navigating the Report

A toolbar is located along the top of the report (see section 9.1, Traditional Report Toolbar). Within the report, the name of the MTF is identified along with the title of the report. Below this and to the left, the name of the specified ward, the patient name, and the date of classification are displayed. Along the top bar of the report are column titles as follows:

- General/Psychiatric (inpatient care type)
- Category (critical indicator category)
- Code (critical indicator number)
- Name (name of the critical indicator)
- Frequency (how often critical indicator is administered)
- Point Value (number of points associated with the critical indicator)
- Quantity (number of times the critical indicator is performed)
- Points (total points for each row—point value x quantity)

Information for each critical indicator is aligned in the row beginning with the Code of that critical indicator. Total Points for the classification and Acuity Category assigned are displayed to the right, just under the Points column. Subsequent pages will display the continuation of the report if necessary.

9.6. Schedule

9.6.1. Single Day Schedule

Under Reporting, access to the Single Day Schedule is available. This report is useful for Scheduling in that it provides the single day schedule by organization. To access the Single Day Schedule, complete the following:

1. Select the Reporting tab from the tab bar.

.or--
9.7. PAC Reports

Place the cursor over Reporting to display a drop down menu.

2. Select Schedule. The Schedule reporting homepage will then appear and Single Day Schedule will be displayed.

3. Click Single Day Schedule.

4. If applicable, select a ward from the Organization Tree (see section 9.1). The Single Day Schedule report will then be displayed for the selected ward.

The left hand side of the report will display the calendar as seen below in Figure 9-28. Simply click on the desired date to display that day’s schedule. The Organization Tree is located beneath this calendar.

Figure 9-28. Scheduling Calendar Single Day Schedule

The rest of the page will display the traditional report containing the ward name, schedule date, Scheduled Time, Skill, and Name. Also, a toolbar is located along the top of this report (see section 9.1, Traditional Report Toolbar).

9.7. PAC Reports

9.7.1. PAC Monthly Report

This traditional report summarizes the post-anesthesia care information for all PACUs within each MTF for all RMCs, depending on your authorized access. To access this report:

1. Select the Reporting tab from the tab bar.

--or--

Place the cursor over Reporting to display a drop down menu.

2. Select PAC Reports. A list of PAC reports will appear.

3. From the list, select PAC Monthly Report.

The system will automatically pull up your authorized access, and the page will display shown in Figure 9-29. On the left hand side of the page, you will see the Organization Tree. If applicable, choose a RMC, MTF, or ward from the tree (see section 9.1). Below
the Organization Tree is a Date Tree where you may select the month for which you would like to run the report. The Date Tree operates in the same fashion as the Organization Tree. On the right hand side of the page, you will see a traditional report summarizing anesthesia type, workload, and manpower statistics for the specified organization. A toolbar is located along the top of the report (see section 9.1, Traditional Report Toolbar). If viewing the data at the RMC level, each page of the report will reflect data for a different MTF within the specified RMC. The name of the MTF is displayed at the top of each page—along with the ward name, located in the top left hand corner of every page.

**Figure 9-29**

### 9.7.1.1. PAC Monthly Report Graphs

Each ward report page contains a *Daily Average Patients by Staff & Anesthesia Type* graph, a *Daily Average DCH & NCH by Anesthesia Type* graph, and a *Patients by Day of Month* graph in addition to a summary report.

**Daily Average Patients by Staff & Anesthesia Type**

This bar graph (top left) depicts the daily average amount of patients treated for both General and Local anesthetic according to staff type. Anesthesia Type is aligned along the horizontal axis, and amount of patients is aligned along the vertical axis. Each bar, representing either PACU Staff or Non-PACU staff, is color coded as identified to the right of the graph and rises from each Anesthesia Type, reflecting the amount of patients treated for each type.

**Daily Average DCH & NCH by Anesthesia Type**

This bar graph (top right) reflects the average amount of both NCH, which includes both direct and indirect care, versus the average amount of DCH (Direct Care Hours) spent for the specified month according to Anesthesia Type. Anesthesia Type is aligned along the horizontal axis, and NCH is aligned along the vertical axis. Each bar is color coded as identified to the right of the graph and rises from each Anesthesia Type representing the amount of NCH versus DCH spent for each type.

**Patients by Day of Month**

This line graph (located just above the summary report) depicts the amount of PAC patients treated according to Anesthesia Type for each day of the specified month. Days of the month
are aligned along the horizontal axis, and amount of patients is aligned along the vertical axis. Each line is color coded as identified to the right of the graph and reflects the daily variation in amount of patients treated for each Anesthesia Type.

Summary Data

At the bottom of the ward report page, notice the Total Anesthesia Counts summary report. This report summarizes patient count data for the specified ward for the selected month. Notice the following column titles along the top bar of the report:

- Staff Type
- Date
- General/Local
- Anesthesia

Information is listed under each of these sections accordingly. At the bottom of the report, under the Anesthesia Counts column, patient count totals for the month as well as total NCH and DCH are listed.

9.9. PAC Daily Report

This PAC Daily Report is a comprehensive report containing anesthesia type, workload, and manpower statistics for each PACU within a specified RMC. To access this report:

1. Select the Reporting tab from the tab bar.

   ---or---

   Place the cursor over Reporting to display a drop down menu.

2. Select PAC Reports. A list of PAC reports will appear.

3. From the list, select PAC Monthly Report.

The system will automatically pull up your authorized access, and the page will display as shown in Figure 9-30. On the left hand side of the page, you will see the Organization Tree. If applicable, choose a RMC, MTF, or ward from the tree (see section 9.1). Below the Organization Tree is a Calendar where you can choose a date for which you would like to run the report. The traditional report is located on the right hand side of the page. A toolbar is located along the top of the report (see section 9.1, Traditional Report Toolbar). Within the report, the ward name is located in the top left hand corner.
9.9.1. PAC Daily Report Graphs

Each report page contains a Patients by Staff and Anesthesia Type graph, a DCH by Staff and Anesthesia Type graph, and a Required vs Scheduled FTEs by Skill graph in addition to a summary report for the specified organization.

Patients by Staff and Anesthesia Type

This bar graph (top left) depicts the amount of patients treated for both General and Local anesthetic according to staff type for the selected day. Anesthesia Type is aligned along the horizontal axis, and amount of patients is aligned along the vertical axis. Each bar, representing either PACU Staff or Non-PACU Staff, is color coded as identified to the right of the graph and rises from each Anesthesia Type, reflecting the amount of patients treated for each type.

DCH by Staff and Anesthesia Type

This bar graph (top middle) reflects the average amount of DCH spent for both General and Local anesthetic according to staff type for the selected day. Anesthesia Type is aligned along the horizontal axis, and DCH is aligned along the vertical axis. Each bar is color coded as identified to the right of the graph and rises from each Anesthesia Type, representing the amount of PACU and Non-PACU DCH spent for each type.

Required vs Scheduled FTEs by Skill

The Required vs Scheduled FTEs by Skill graph (top right) compares the average amount of nursing personnel required by the WMSN with the average amount actually scheduled according to Skill Type for the selected day. Skill Type is aligned on the horizontal axis and average number of FTEs aligned along the vertical axis. Each bar is color coded as identified to the right of the graph. The WMSN Required and Scheduled bars rise from each skill, reflecting the required and scheduled hours for each.

Summary Data

At the bottom of each ward report page, notice the Summary Data report with the headers Anesthesia Counts and NCH by Staff and Anesthesia Type and Required vs Scheduled FTEs...
by Skill. This traditional report summarizes all of the data in the above graphs according to individual ward and unit type. Notice the following column titles along the top bar of the report:

- PACU/Non-PACU
- General/Local
- Patient Count
- DCH
- NCH
- Skill
- Required FTEs
- Scheduled FTEs

Information is listed under each of these sections accordingly. Totals of the given data are provided for the overall MTF at the bottom of the report in addition to total monthly NCH and FTRs.
Appendix

Critical Indicators
### 1. VITAL SIGNS

<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vital Signs X1</td>
<td>4.1</td>
<td>AC 1: Vital Signs (VS)</td>
</tr>
</tbody>
</table>

1. Includes temperature, pulse, respiration, blood pressure and intermittent pulse oximeter.

2. Select the frequency of vital signs to reflect the total number of times VS are ordered.

3. Operational Description:

   a. Temperature (oral, rectal, axillary, ear, or dermal), pulse, respiration: Includes time to place equipment at the bedside, position the temperature probe, count the respiratory rate while the fingers are placed over the radial artery pulse, remove the fingers from the radial pulse, record the results of measurements, and remove the equipment from the area, and

   b. Blood pressure, manual or machine: Includes time to place equipment at the bedside, place the cuff around the extremity, position the stethoscope, measure blood pressure, remove the cuff, record results, and remove the equipment from the area, and

   c. Pulse oximeter: Includes time to place equipment at the bedside, check calibration, apply sensor, obtain an oximeter reading, Rectal temperature, electronic Includes time to place the equipment at the bedside, adjust clothing, insert the temperature probe in the anus, measure the temperature, remove the temperature probe, record, and remove the equipment from the area, or

   d. Other electronic methods of measuring temperature: Includes time to place equipment at the bedside, place the temperature probe in the area, to measure the temperature, remove the temperature probe, record, and remove the equipment from the area.
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Fetal Heart Tones X1</td>
<td>3.8</td>
<td>AC 2: Fetal Heart Tones (FHT)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Select the frequency of Fetal Heart tones ordered for the patient. Add</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>additional episodes when using an additional requirement for FHT at alternate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>times.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Multiply points to take FHT for multiple gestation pregnancies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. FHT, manual: Includes time to expose the abdominal area, assess the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FHT with a stethoscope, record the FHT, and remove the equipment from the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>area, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. FHT, Doppler: Includes time to expose the abdominal area, locate the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>FHT with a fetoscope, assess the FHT utilizing the doppler, record the</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>results, and remove the equipment from the area.</td>
</tr>
<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
<td>Final Time</td>
<td>Definitions</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>3</td>
<td>Vital Signs for post-op recovery, post-partum, post-delivery (newborn VS)</td>
<td>45.0</td>
<td>AC 3: Vital Signs for post-op recovery, post-partum, post-delivery (newborn VS)</td>
</tr>
</tbody>
</table>

1. Refers to a pattern of decreasing frequency of VS, such as: VS every 15 min x4, then every 30 min x4, then every hour x4, then every 4 hours for the remainder of the 24-hour period.

2. Includes VS taken after surgery, after delivery (mother), and for the first 24 hours of the newborn’s life.

3. Operational Description:
   a. Temperature (oral, rectal, axillary, ear, or dermal), pulse, respirations: Includes time to place equipment at the bedside, position the temperature probe, count the respiratory rate while the fingers are placed over the radial artery pulse, remove the fingers from the radial pulse, record the results of measurements, and remove the equipment from the area, and
   b. Blood pressure, manual or machine: Includes time to place equipment at the bedside, place the cuff around the extremity, position the stethoscope, measure blood pressure, remove the cuff, record results, and remove the equipment from the area, and
   c. Pulse oximeter: Includes time to place equipment at the bedside, check calibration, apply sensor, obtain an oximeter reading, Rectal temperature, electronic Includes time to place the equipment at the bedside, adjust clothing, insert the temperature probe in the anus, measure the temperature, remove the temperature probe, record, and remove the equipment from the area, or
   d. Other electronic methods of measuring temperature: Includes time to place equipment at the bedside, place the temperature probe in the area, to measure the temperature, remove the temperature probe, record, and remove the equipment from the area.

2. MONITORING
### Updated Indicators

<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong> Intake and Output X1</td>
<td><strong>3.1</strong></td>
<td>AC 4: Intake and Output (I&amp;O)</td>
</tr>
</tbody>
</table>

1. I&O includes time to measure all forms of I&O, including diaper weights.

2. Patients on just intake or just output will not receive points.

3. Operational Description:

   a. Measuring and recording intake: Includes time to place a calibrated cylinder or container at the bedside, measure or calculate the fluids, record the amount on the I&O record, and remove the equipment from the area.

   and

   b. Measuring and recording output—urine: Includes time to place a calibrated cylinder at the bedside, measure or calculate the volume, record the amount on the I&O record, and remove the equipment from the area.

   and

   c. Measuring and recording output—liquid feces: Includes time to remove the bedpan from the patient’s bedside, measure the feces in a calibrated cylinder, and record the amount on the I&O record.

   and

   d. Measuring and recording output—vomitus: Includes time to remove the container from the patient’s bedside, measure the vomitus in a calibrated cylinder, and record the amount on the I&O record.

   and

   e. Measuring and recording output—drainage bottles of all types: Includes time to place a calibrated cylinder at the bedside, pour the contents from the drainage bottle into the calibrated cylinder, measure or calculate the volume, replace the drainage bottle, record the amount on the I&O record, and remove the equipment from the area.

   and

   f. Output weight, diaper or bed linens: Includes time to complete the procedure for a diaper change and bed linen change, remove the items to be weighed, weigh them on weight scales, and record the results.
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
</table>
| 5           | Fundus Checks X1   | 3.5        | AC 5: Fundus Check  
1. Add time for each activity required.  
2. Operational Description:  
Fundus Check: Includes time to arrive at the bedside, expose the patient’s lower abdominal area, massage the fundus, assess the height of the uterus, and record the type and amount of lochia. |
| 6           | Neurological Checks X1 | 3.1  | AC 6: Neurological Check  
1. The neurological check includes checking pupils, mental alertness, orientation, sensory discrimination, and motor and sensory testing.  
2. Operational Description:  
a. Pupil Reflexes: Includes time to place the equipment at the bedside, adjust the room lighting, assess pupillary reflexes with a flashlight, and remove the equipment from the area.  
and  
b. Mental Alertness: Includes time to arrive at the bedside; make inquiries within the framework of interviewing that will give information about the patient’s level of consciousness, memory, intellectual performance, and judgment; and record the results.  
and  
c. Orientation: Includes time to arrive at the bedside; make inquiries within the framework that will give information about patient’s orientation to time, place, and person; and record the results.  
and  
d. Sensory Discrimination: Includes time to screen for pain, vibration, light touch, and spacial sensation, and record the results. |
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<tbody>
<tr>
<td>7</td>
<td>Neurovascular Checks (including Doppler) X1</td>
<td>2.9</td>
<td>AC 7: Neurovascular Check</td>
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<td></td>
<td>1. The neurovascular check includes circulation assessment along with</td>
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<td>peripheral pulse assessments.</td>
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<td>2. Operational Description:</td>
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<td>a. Neurovascular Check: Includes time to arrive at the bedside, check</td>
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<td>the extremity for swelling, numbness, and tingling; evaluate temperature</td>
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<td>and color of the skin; and assess the patient’s ability to move the part.</td>
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<td>and</td>
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<td>b. Peripheral Pulse Assessment (pedal, femoral, popliteal or radial pulse):</td>
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<td>Includes time to place the fingers on the site, count the rate, remove</td>
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<td>the fingers from the area, and record results.</td>
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<td>or</td>
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<td>c. Doppler Pulse: Includes time to place the equipment at the bedside,</td>
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<td>place the sensor over the pulse area, assess and record the results, and</td>
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<td></td>
<td>remove the equipment from the area.</td>
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<tr>
<td>8</td>
<td>Continuous Monitoring (includes cardiac/apnea/temp/BP</td>
<td>45.0</td>
<td>AC 8: Continuous Monitoring (includes cardiac/apnea/temp/BP monitor/oximetery)</td>
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<tr>
<td></td>
<td>monitor/oximetery)</td>
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<td>1. If the patient is on one or more of the following cardiac, apnea,</td>
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<td>temperature and/or blood pressure monitor procedures.</td>
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<td>2. This AC is taken one time regardless of the number of monitors in use.</td>
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<td>It is not additive.</td>
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<td>3. Operational Description:</td>
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<td>a. Adjusting monitors, connecting leads, or resetting alarms: Upon arrival</td>
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<td>at the bedside, adjust the monitor, connect the leads, or reset the alarm;</td>
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<td>evaluate the patient’s cardiac rhythm, then depart the area. (also includes</td>
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<td>time for observation of the monitors), and</td>
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<td>b. Pulse oximeter : Includes time to place equipment at the bedside,</td>
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<td>check calibration, apply sensor, obtain an oximeter reading, or</td>
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<td>c. Telemetry: Includes time for the connecting leads, for the nurse to</td>
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<td>check the patient, adjust the telemetry leads, evaluate the patient’s</td>
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<td>cardiac rhythm, and reset the telemetry unit.</td>
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<tr>
<td>9</td>
<td>Invasive Monitor Set-Up</td>
<td>30.0</td>
<td>AC 9: Invasive Monitor Set-up</td>
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<td></td>
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<td></td>
<td>1. Time is taken for actually setting up the equipment at the bedside for the invasive monitor setup including but not limited to arterial line (a-line), intracranial pressure (ICP), central venous pressure (CVP) and Swan-Ganz.</td>
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<td></td>
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<td>2. Add additional episodes are taken for each setup required. For example, a patient requiring any one of these procedures would have one episode added to his or her acuity score for the 24-hour period. If all three procedures are done, 3 episodes should be added.</td>
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<td>3. This does not include insertion time. Count insertion time under AC 56.</td>
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<td>4. Operational Description: Transducer setup or exchange: Includes time to place the equipment at the bedside and set up the transducer, intravenous (IV) solution, and cardiac monitor; calibrate the monitor; measure and record pressure and/or pulmonary artery wedge; and remove the equipment from the area.</td>
</tr>
<tr>
<td>10</td>
<td>Invasive Monitoring (each)</td>
<td>30.0</td>
<td>AC 10: Invasive Monitoring (each)</td>
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<td>1. Time is taken for each invasive line monitored for the patient.</td>
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<td>2. Add points for each activity required.</td>
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<td>3. Monitor readings performed must be recorded to count.</td>
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<td>4. Operational Description: Includes time to arrive at the bedside, position the patient, assess proper positioning, flush the line, assess, measure the pressure, perform any calculations necessary and record the results. Does not include insertion time.</td>
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<td>Acuity Code</td>
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</table>
| 11          | Swan Ganz PAP/PA Wedge Reading X1 | 2.5        | AC 11: Swan Ganz pulmonary artery pressure (PAP) and pulmonary artery (PA) wedge pressure readings.  
1. PAP and pulmonary artery wedge pressure readings must be recorded to count.  
2. Operational Description:  
a. Pulmonary artery pressure (PAP): Includes time to arrive at the bedside and assess and record the findings.  
and  
b. Pulmonary artery (PA) pressure wedge: Includes time to arrive at the bedside, flush the line, slowly inject air into the Swan Ganz catheter, assess and calculate the wedge pressure, and record the results. |
| 12          | Cardiac Output tid or X3 | 15.0       | AC 12: Cardiac Output  
1. Cardiac outputs must involve nursing personnel time to count. (If the physician performs the test without assistance, it does not count.)  
2. Operational Description:  
Includes time to place the equipment at the bedside, assess or complete the measurement, and remove the equipment from the area. |
| 13          | Care - age 5 or less - Infant/ Toddler | 45.0       | AC 13: Care—infant and toddler (for children 5 years old or less)  
1. Infant or toddler care (5 years of age or less): Includes neonates and premature infants.  
2. Take the total amount of time for newborn, infant, or toddler care if the patient is rooming in. This is to account for nursing staff time required to assess and oversee the child and parent, even when the parent is providing the care.  
3. Infant or toddler care includes time to give a complete bath or tub bath, before noon (a.m.) care, afternoon (p.m.) care, washing the face and hands routinely, according as circumstances may require (prn) diaper changes or assisting the child to the bathroom, changing clothes and linens, ambulatory weight or infant weight measurements, serving the meal tray, routine nursing assessments, and answering patient or family questions. Also includes the administration of non-IV medication, twice a day (b.i.d.) or less. |
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<td>Minutes</td>
<td>4. Operational Description:</td>
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<td>a. Hourly Rounds: Includes time to approach the patient hourly,</td>
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<td>perform the assessment, and record the observations hourly,</td>
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<td>b. Bathing, complete: Includes time to place the equipment at the</td>
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<td>bedside; remove the shirt and diaper; bathe the face, chest, abdo-</td>
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<td>men, and extremities; change water, bathe the back, buttocks, and</td>
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<td>perineal area; replace the shirt and diaper; and remove the equip-</td>
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<td>ment from the area,</td>
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<td>c. Tub bath: Includes time to arrive in the bathroom; assist the</td>
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<td>patient in undressing, into the bathtub, with the bath, and redress-</td>
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<td>ing, and back into the bed,</td>
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<td>d. A.M. care: Includes time to place the equipment at the bedside;</td>
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<td>assist the patient with bathing the face and hands and brushing the</td>
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<td>teeth; and remove the equipment from the area,</td>
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<td>and</td>
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<td>e. P.M. care: Includes time to place the equipment at the beside;</td>
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<td>bathe the face and hands, brush the teeth, and rub the back;</td>
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<td>straighten bed linens; and remove the equipment from the area,</td>
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<td>f. Umbilical cord care: Includes time to place the equipment at the</td>
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<td>bedside, cleanse the umbilicus with antiseptic solution, expose it</td>
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<td>to air and dry it, and remove the equipment from the bedside,</td>
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<td>g. Bathing, face and hands (routine and prn): Includes time to</td>
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<td>arrive at the bedside, bathe the face and hands, and remove used</td>
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<td>equipment from the area,</td>
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<td>h. Diaper change: Includes time to arrive at the bedside, expose</td>
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<td>the baby, remove the soiled diaper, cleanse the buttocks and geni-</td>
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<td>talia, diaper the baby, position and cover the baby, and remove the</td>
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<td>equipment from the area,</td>
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<td>i. Assist to the bathroom: Includes time to assist the toilet-trained</td>
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<td>toddler to the bathroom, in removing pants, cleansing the but-</td>
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<td>tocks and genitalia, and redressing,</td>
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<td>j. Changing a shirt: Includes time to arrive at the bedside, change</td>
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<td>the soiled shirt, and remove the soiled shirt from the area,</td>
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<td>and</td>
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<td>k. Occupied bed: Includes time to place linen at the bedside, turn</td>
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<td>the patient on his or her side, roll the dirty linen to one side of the</td>
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<td>bed, replace it.</td>
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<tr>
<td>14</td>
<td>Care - age 6 or more - Self/Minimal</td>
<td>15.0</td>
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</table>

1. Self or minimal care (adult or child 6 years old or older): Includes time for administration of non-IV medications b.i.d. or less, providing the equipment for a self bath, serving the meal tray, making an unoccupied bed, routine nursing assessments, and answering patient questions.

2. Operational Description:
   a. Hourly Rounds: Includes time to approach the patient hourly, perform the assessment, and record the observations hourly, and
   b. Bathing: Includes time to place equipment at the bedside, for the patient to bathe and change pajamas, and to remove equipment from the area, and
   c. Serving the meal tray: Includes time to place the tray at the bedside, and
   d. Unoccupied bed: Includes time to place linen at the bedside, remove soiled linen, place the bottom sheet on the mattress, place on the top sheet, change pillowcases, and remove soiled linen from the area, and
   e. Nursing assessment: Includes time spent at the patient’s bedside assessing patient condition and problems; formulating nursing diagnoses and interventions; and evaluating the effectiveness of interventions, and
   f. Answering patient questions: Includes time spent answering the patient’s questions or in response to the patient’s call system.
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<tr>
<td>15</td>
<td>Care - age 6 or more - Assisted</td>
<td>45.0</td>
<td>AC 15: Care—assisted (adult or child 6 years old or older) (Assist with bath)</td>
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<td></td>
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<td>1. Assisted care (adult or child 6 years old or more): Includes time for administration of non-IV medications b.i.d. or less, assisting with bathing the back and legs or assisting with a shower or tub bath, a.m. care, p.m. care, serving the meal tray with some preparation of the food, ambulatory weight measurements, making an unoccupied bed, routine nursing assessment, and answering patient questions.</td>
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<td>2. Patient is able to position self in bed.</td>
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<td>bedside, zero the scales, assist the patient onto the scales, read and record weight, assist the patient off the scales, and remove the equipment from the area, and</td>
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<td></td>
<td>j. Unoccupied bed: Includes time to place linen at the bedside, remove the soiled linen, place the bottom sheet on the mattress, add a top sheet, change the pillowcases, and remove the soiled linen from the area, and</td>
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<td>k. Answering the patient’s questions: Includes time spent answering the patient’s questions or in response to the patient’s call system, and</td>
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<td>l. Nursing assessment: Includes time spent at the patient’s bedside assessing the patient’s condition and problems, formulating nursing diagnoses and interventions, and evaluating the effectiveness of interventions.</td>
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<td>16</td>
<td>Care - age 6 or more - Complete</td>
<td>105.0</td>
<td>AC 16: Care—complete (adult or child 6 years old or older) (Provide complete bed bath)</td>
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<td>1. Complete care (adult or child 6 years old or older): Includes time for administration of non-IV medications b.i.d. or less, a complete bed bath, a.m. and p.m. care, weighing the patient, giving the bedpan and/or urinal to the patient, making an occupied bed, serving the meal tray with preparation required, assisting with positioning and repositioning the patient, answering the patient’s questions, and routine nursing assessments.</td>
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<td>2. Needs assistance with positioning in bed.</td>
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<td>3. The primary difference between an assisted care patient and a complete care patient is that the complete care patient requires a bed bath.</td>
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</table>
4. Operational Description:

a. Hourly Rounds: Includes time to approach the patient hourly, perform the assessment, and record the observations hourly, and
b. Bathing; assisting with back and legs: Includes time to place the equipment at the bedside, remove the pajamas, allow for patient bathing, change the water, bathe the back and lower extremities, replace the pajamas, and remove the equipment from the area, and
c. Sitting shower or shower with assistance: Includes time to arrive in the shower room and remain with the patient to assist the patient in undressing, into the shower, with the bath and hair shampoo, in redressing, and back into bed, and
d. Tub bath: Includes time to arrive in the bathroom and remain with the patient to assist the patient in undressing, into the bathtub, with a bath, in redressing, and back into bed, and
e. A.M. care: Includes time to place the equipment at the bedside, assist the patient with bathing the face and hands and in brushing the teeth, and remove the equipment from the area, and
f. A.M. care, partial: Includes time to place the equipment at the bedside, prepare bath water and put toothpaste on the toothbrush, and remove the equipment from the area, and
g. P.M. care: Includes time to place the equipment at the bedside, assist the patient with bathing the face and hands and in brushing the teeth, give a back rub, tighten and straighten the bed linens, and remove the equipment from the area, and
h. Serving the meal tray (preparation required): Includes time to place the tray at bedside, prepare the food and utensils, and prepare a towel or napkin as a bib, and
i. Ambulatory weight: Includes time to place the equipment at the to place the tray at bedside, prepare the food and utensils, and prepare a towel or napkin as a bib, and
j. Assist with positioning: Includes time to remove the support pillows and assist the patient to a new position, and
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<tr>
<td></td>
<td>Care - age 6 or more - Total</td>
<td>240.0</td>
<td><strong>AC 17</strong>: Care—total (adult or child 6 years old or more) (Complete bed bath and turn q2 hours)</td>
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<td>1. Total care (adult or child 6 or older): Includes administration of non-IV medications bid or less, a complete bath, am and pm care, skin care q2 hours, oral hygiene q4 hours, making an occupied bed, turning the patient q2 hours, giving a bedpan and/or urinal, a bed scales weighing, answering patient questions, and routine nursing assessment.</td>
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<td>2. The primary difference between a complete care patient and a total care patient is that the total care patient requires positioning every 2 hours and skin care, in addition to a complete bed bath.</td>
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k. Answering the patient’s questions: Includes time spent in answering the patient’s questions or in response to the patient’s call system, and

l. Nursing assessment: Includes time spent at the patient’s bedside assessing the patient’s condition and problems, formulating nursing diagnoses and interventions, and evaluating the effectiveness of interventions.
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<th>Acuity Code</th>
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<td>3. Operational Description:</td>
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<td></td>
<td>a. Hourly Rounds: Includes time to approach the patient hourly, perform the assessment, and record the observations hourly, and</td>
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<td></td>
<td>b. Bathing, complete: Includes time to place the equipment at the bedside; remove the pajamas; bathe the face, chest, abdomen, and extremities; change the water; bathe the back, buttocks, and perineal area; replace the pajamas; and remove the equipment from the area, and</td>
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<td>c. A.M. care: Includes time to place the equipment at the bedside, assist the patient with bathing the face and hands and brushing the teeth, and remove the equipment from the area, and</td>
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<td></td>
<td>d. P.M. care: Includes time to place the equipment at the bedside, assist the patient with bathing the face and hands and brushing the teeth, rub the back, adjust the bed linens, and remove the equipment from the area, and</td>
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<td></td>
<td>e. Skin care: Includes time to place the equipment at the beside, cleanse and dry areas for special care (buttocks, hips, shoulders, and heels), apply lotion, and remove the equipment from the area, q2 hours, and</td>
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<td></td>
<td>f. Oral hygiene: Includes time to place the equipment at the bedside; turn the patient on his or her side; cleanse the gums, teeth, and mouth with applicators; and remove the equipment from the area, q4 hours, and</td>
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<td>g. Occupied bed: Includes time to place linen at the bedside, turn the patient on his or her side, roll the linen to one side of the bed and replace it with clean linen, turn the patient to the freshly made side of the bed, complete the bed making, and remove the soiled linen from the bed bid, and</td>
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<td>h. Turn the patient: Includes time to remove the support pillows, reposition the patient, and re-apply support pillows, q.2 hours, and</td>
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<td></td>
<td>i. Giving a bedpan: Includes time to place a bedpan at the bedside, place the patient onto the bedpan, provide toilet tissue, remove the patient from the bedpan, cover the bedpan, and remove the bedpan from the area, and</td>
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<tr>
<td>Acuity Code</td>
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<td>Final Time</td>
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<tr>
<td></td>
<td>Extra Linen Change and Partial Bath X1</td>
<td>14.0</td>
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<td>Acuity Code</td>
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</tbody>
</table>
| 19          | Peds Recreation/Observation - age 0 - 12               | 60.0       | AC 19: Pediatric Recreation and Observation (age 0 to 12 years) (includes newborn nursery)  
1. Pediatric recreation and observation for children 12 years old or less includes nursery babies. This includes time spent in supervising recreational activities, answering the patient’s questions and responding to crying, visiting with the child, holding the infant and generally keeping an eye on the child. Unless documented in the medical or nursing orders, this critical indicator is not to be given automatically to any child less than 12 years old. For example, a mother (or family member) rooming in with the child may provide recreational activities and/or supervisory activities without staff involvement.  
2. Operational Description:  
a. Planned recreational activity session: Includes time spent in supervising recreational activity,  
and  
b. Answering the patient’s questions and responding to crying: Includes time spent in answering the patient’s questions or in response to the patient’s call system or patient crying,  
and  
c. Visiting with the patient or purposeful interaction: Includes time spent at the patient’s bedside without providing any direct physical care to the patient but that is not in response to the patient’s call system or the patient’s questions,  
and  
d. Holding—infant: Includes time to arrive at the bedside, wrap the baby in a blanket, and pick up and hold the baby. When completed, position the baby in the bed and cover him or her with the blanket.  

4. FEEDING

<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Final Time</th>
<th>Definitions</th>
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</thead>
</table>
| 20          | 83.9       | AC 20: Spoon Feed Meals - age 6 or more - X3  
1. Count adult or child meals only if the patient must be spoon fed each meal. Otherwise, time to serve and prepare the tray is included in the activities of daily living critical indicator.  
2. Operational Description:  
Includes time to place the meal tray at the bedside, place the towel or napkin as a bib, prepare the food, feed the patient slowly, and remove the tray from the area. |
### Acuity Code 21: Spoon Feed Meals - age 5 or less - X3

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<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
</table>
| 21          | Spoon Feed Meals - age 5 or less - X3                | 75.0       | AC 21: Spoon Feed Meals - age 5 or less - X3  
1. Count adult or child meals only if the patient must be spoon fed each meal. Otherwise, time to serve and prepare the tray is included in the activities of daily living critical indicator.  
2. Operational Description:  
Includes time to place the meal tray at the bedside, place the towel or napkin as a bib, prepare the food, feed the patient slowly, and remove the tray from the area. |

### Acuity Code 22: Infant/Neonate Bottle Feeding X1

<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
</table>
| 22          | Infant/Neonate Bottle Feeding X1                      | 15.0       | AC 22: Infant or Neonate—Bottle Feeding  
1. Well baby nurseries with rooming-in should allot 2 points for each infant feeding given by nursery personnel.  
2. Operational Description:  
a. Feeding—graduated feeder: Includes time to place the equipment at the bedside, pick up the baby, wrap the baby in a blanket, hold the baby in the feeding position, feed the baby, bubble the baby, reposition him or her in the bed (isolette, incubator, etc.), and remove the equipment from the area, and  
b. Feeding—bottle: Includes time to place the equipment at the bedside, pick up the baby, wrap the baby in a blanket, hold him or her in the feeding position, feed the baby, bubble the baby, reposition him or her in the bed, and remove the equipment from the area. |
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
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</thead>
<tbody>
<tr>
<td>23</td>
<td>Tube Feed Bolus X1</td>
<td>17.6</td>
<td>AC 23: Tube Feeding Bolus X1</td>
</tr>
<tr>
<td></td>
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<td>1. Count each feeding to determine frequency.</td>
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<td>2. Includes nasogastric tube (NG), gastrostomy tube (G tube) and ileostomy tube feedings.</td>
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<td>3. Operational Description:</td>
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<td></td>
<td>a. NG/ileostomy tube: Includes time to place the feeding at the bedside, unclamp the tube, assess placement of the tube, administer the tube feeding, flush the tube with water, clamp the tube, record the feeding, and remove the feeding equipment from the area, or</td>
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<td>b. Gastrostomy: Includes time to place the feeding at the bedside, uncoil and/or unclamp the tube, assess for placement, administer the feeding, flush the tube with water, clamp the tube, replace the tube, and remove the feeding equipment from the area, or</td>
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<td></td>
<td>c. Oral gastric tube: Includes time to place the equipment at the bedside, position the baby, insert the feeding tube, assess the placement of the tube, check the stomach for residual, instill the feeding, remove the feeding tube, bubble the baby, reposition the baby, and remove the equipment as necessary.</td>
</tr>
<tr>
<td>24</td>
<td>Tube Feed Continuous - adult/child/neonate - q bag change</td>
<td>2.4</td>
<td>AC 24: Tube Feed Continuous - adult/child/neonate - q bag change</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Continuous tube feedings or enteral hyper alimentation includes continuous feedings through NG tubes, oral gastric tubes, oral-jejunostomy tubes, and gastrostomy tubes.</td>
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<td>2. Count for each time the bottle or bag of the feeding is changed or filled.</td>
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<td>3. Operational Description:</td>
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<td></td>
<td>Continuous feeding with infusion pump: Includes time to place the equipment at the bedside, remove and/or set up the feeding bottle/bag, assess placement of the tube, flush the tube, connect to the pump and feeding tube and set up the flow rate on the pump, record the feeding on the I&amp;O record, and remove the equipment from the area.</td>
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</tbody>
</table>

5. IV THERAPY
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<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
</table>
| 25          | Start IV           | 13.9       | AC 25: Start IV  
1. Multiply value by the number of personnel required to perform the procedure.  
2. Operational Description:  
IV infusion—initiating: Includes time to place the equipment at the bedside; wash hands, apply the tourniquet to the extremity; cleanse the site; perform venipuncture; connect the IV tubing; and apply dressing and secure the catheter and tubing; time, date, and initial the dressing; insert the tubing into the pump and set the flow rate on the infusion pump; record the infusion on the I&O record; and remove the equipment from the area. |
| 26          | Change IV Bag and/or Tubing Including Infusion Pump (each) | 4.9        | AC 26: Change IV Bag and/or Tubing Including Infusion Pump (each)  
1. Use this critical indicator for IV lines for each line that are going at such a rate that the IV bottle or bag needs to be changed during the 24 hours  
2. Operational Description:  
a. IV infusion—changing IV bag/bottle and tubing: Includes time to place the equipment at the bedside, remove the used IV container and replace it with a new IV container, and set the flow rate on the infusion pump, record the change on the I&O record, and remove the equipment from the area, and  
b. IV infusion—flow rate: Upon arrival at the bedside, includes time to perform any calculations and adjust the flow rate every hour on the infusion pump, and  
c. IV infusion—IV catheter care: Includes time to place the equipment at the bedside, remove the dressing from the IV catheter site, cleanse the skin, apply ointment, replace the dressing; date, time, and initial the dressing; change the IV tubing every day or every other day; and remove the equipment from the area. |
<table>
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<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Saline Lock Flush X1</td>
<td>1.9</td>
<td>AC 27: Saline Lock Flush X1.</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>1. Includes time to administer a saline flush and to give daily dressing care and tubing changes.</td>
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<td>2. Operational Description:</td>
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<td></td>
<td>Saline flush solution: Includes time to place the equipment at the bedside, select the site for injection of heparin flush solution, administer saline flush solution, and remove the equipment from the area.</td>
</tr>
<tr>
<td>28</td>
<td>IV Medication X1 (IVP and IVPB)</td>
<td>7.5</td>
<td>AC 28: IV Medication X1 (IVP and IVPB)</td>
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<td></td>
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<td>1. IV medications include IV push medications and IV piggyback medications.</td>
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<td>2. Score the appropriate number for each IV medication given.</td>
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<td>3. Each IV medication counts separately. For example, Keflin every 6 hours and gentamycin every 6 hours equals 8 episodes.</td>
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<td>4. Saline flush is not counted with this critical indicator, since this is included in the point value for saline locks.</td>
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<td>5. Operational Description:</td>
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<td></td>
<td></td>
<td>a. IV infusion—IV push medication: Includes time to place the equipment at the bedside, select the site for administration of the medication, flush the site, administer the medication, record the infusion on an medication and I&amp;O record, and remove the equipment from the area,</td>
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<td>or b. IV infusion—hanging IV piggyback bottle/bag: Includes time to place the equipment at the bedside, remove the used IV container and replace it with a new IV container, make any required calculation and set the flow rate, record the infusion on a medication and I&amp;O record, and remove the equipment from the area.</td>
</tr>
<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
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<tr>
<td>29</td>
<td>Patient Controlled Analgesia (PCA) Pump (each)</td>
<td>65.4</td>
<td>AC 29: Patient Controlled Analgesia (PCA) Pump (each).</td>
</tr>
</tbody>
</table>

1. Count for each infusion machine required by a patient for a 24-hour period.

2. Operational Description:

   a. Includes time to review the physician order and ensure compatibility of medications, place the equipment and supplies at the bedside, confirm the correct settings with another licensed professional, set up the tubing and medication, educate patient and family, record the infusion on the appropriate flow sheet, medication record and I&O record, and check and assess the patient frequently in response to response to medication, and

   b. Includes verification of settings compared to orders with second verifier with each change in pump and change of shift, and

   c. Includes time to change vial and reset pump settings.
<table>
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<tr>
<th>Acuity Code</th>
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<th>Final Time</th>
<th>Definitions</th>
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</thead>
<tbody>
<tr>
<td>30</td>
<td>Blood Products (per unit)</td>
<td>139.8</td>
<td>AC 30: Blood Products (per unit)</td>
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<td></td>
<td>1. Time will be given for each unit of blood given any patient regardless</td>
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<td>of the number of units of blood or blood products administered.</td>
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<td>2. A 6-pack of platelets counts as 1 unit.</td>
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<td>3. Operational Description:</td>
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<td>a. Blood administration: Time to take initial type and screen/cross,</td>
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<td>complete appropriate documentation, educate patient and obtain consent,</td>
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<td></td>
<td>and</td>
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<td></td>
<td>b. Includes time to place the equipment at the bedside, verify patient and</td>
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<td>blood unit with second verifier assuring correct transfusion for the correct</td>
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<td></td>
<td>patient and documenting appropriately, take initial VS, connect the blood</td>
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<td></td>
<td>administration set to the present IV system, monitor frequently, assessing</td>
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<td>patient and recording observations, record the infusion on the blood</td>
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<td></td>
<td>documentation and patient record, completing and remove the equipment from</td>
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<td></td>
<td>the area. Includes changing IV lines and filters between units, or</td>
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<td></td>
<td>c. Administration of platelets or plasma: Includes time to place the</td>
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<td>equipment at the bedside, verify patient and blood unit with second</td>
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<td></td>
<td>verifier assuring correct transfusion for the correct patient and</td>
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<td></td>
<td>documenting appropriately, take initial VS, connect the blood</td>
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<td></td>
<td></td>
<td></td>
<td>administration set to the present IV system, monitor frequently, assessing</td>
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<tr>
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<td></td>
<td></td>
<td>patient and recording observations, record the infusion on the blood</td>
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<td></td>
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<td></td>
<td>documentation and patient record, completing and remove the equipment from</td>
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<td></td>
<td></td>
<td>the area. Includes changing IV lines and filters between units.</td>
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### 6. TREATMENTS/PROCEDURES/MEDICATIONS

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<tr>
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<tbody>
<tr>
<td>31</td>
<td>Insert NG</td>
<td>15.0</td>
<td>AC 31: Insert an NG Tube.</td>
</tr>
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<td>Operational Description:</td>
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<td>NG tube—insertion: Includes time to place the equipment at the bedside,</td>
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<td>secure a towel around the patient’s neck, give the patient a glass of water,</td>
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<td>instruct the patient on how to swallow the tube, lubricate the tube,</td>
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<td>insert the tube, assess the tube for placement, tape it in position, and</td>
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<td></td>
<td>remove the equipment from the area.</td>
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<td>Acuity Code</td>
<td>Updated Indicators</td>
<td>Final Time</td>
<td>Definitions</td>
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</tr>
<tr>
<td>32</td>
<td>SCDs/Ace Wraps/Support Hose (each)</td>
<td>6.3</td>
<td>AC 32: SCDs/Ace Wraps/Support Hose (each)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1. Sequential Compression Device (SCD), ace wrap, or support hose: Multiply the point value by the number of personnel required.</td>
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<td>2. Operational Description:</td>
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<td>a. Sequential Compression Devices: Includes time to gather the equipment and sleeves, place at the bedsides, expose the lower extremities, and put the sleeves on the lower extremities, also includes time to expose the extremities and assess every shift, or</td>
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<td>b. Ace bandage: Includes time to place the equipment at the bedside, wrap the extremity securely with the Ace bandage, and secure it in place with tape or metal hooks, every shift or x3, or</td>
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<td>c. Support hose (2 points): Includes time to place the stockings at the bedside. Expose the lower extremities, and put support stockings on the lower extremities, every shift or x3.</td>
</tr>
<tr>
<td>33</td>
<td>Catheter Insertion - Foley/straight</td>
<td>15.0</td>
<td>AC 33: Catheter Insertion - Foley/straight</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1. Foley care is included in AC 53 (e(1)(c) below), tube care. This critical indicator is for insertion of a Foley.</td>
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<td>2. Multiply the point value by the number of personnel required.</td>
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<td>3. Operational Description:</td>
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<td>a. Catheterization—Foley: Includes time to place the equipment at the bedside, prepare the patient, insert the Foley catheter, inflate the balloon, tape the catheter in position, connect it to the urinary drainage bag, and remove the equipment from the room, or</td>
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<td>b. Catheterization—straight: Includes time to place the equipment at the bedside, prepare the patient, insert the catheter, empty the bladder, remove the straight catheter, and remove the equipment from the area.</td>
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<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
<td>Final Time</td>
<td>Definitions</td>
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<tr>
<td>34</td>
<td>Foley Care/Tube Care (each) (exclude Trach)</td>
<td>4.5</td>
<td>AC 34: Foley care/Tube care (each) (exclude Trach)</td>
</tr>
<tr>
<td></td>
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<td>1. Tube care includes time to assess the security and functioning of drainage tubes and/or change dressings for the tubes; such as, chest tubes, Penrose drains, gastrostomy tubes, Jackson-Pratt drains, endotracheal tubes, NG tubes, etc., b.i.d.</td>
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<td>2. Do not use this critical indicator for tracheostomy care. Use AC 64.</td>
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<td>3. Foley care is b.i.d.</td>
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<td>4. Multiply the point value by the number of personnel required.</td>
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<td>5. Operational Description:</td>
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<td></td>
<td></td>
<td></td>
<td>a. Tube care: Includes time to assess the functioning and security of the tube, reposition the tube if necessary, set up the equipment at the bedside, remove the dressing around the tube, cleanse the skin, replace the dressing, tape it securely, and remove the used equipment from the area, or</td>
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<td></td>
<td>b. Foley catheter care: Includes time to place the equipment at the bedside, cleanse the area around the catheter, apply ointment (if used), and remove the used equipment from the area.</td>
</tr>
<tr>
<td>35</td>
<td>Dressing - simple 7 mins X1</td>
<td>7.0</td>
<td>AC 35: Dressing - simple 7 mins X1.</td>
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<tr>
<td></td>
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<td></td>
<td>1. A simple dressing change is one that can be done in about 5 to 7 minutes.</td>
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<td>2. Multiply the point value by the number of personnel required.</td>
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<td>3. Operational Description:</td>
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<td></td>
<td></td>
<td>a. Simple dressing change: Includes time to place the equipment at the bedside, remove the soiled dressing, cleanse the skin, apply a dressing to the site, and remove the equipment from the area, or</td>
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<td>b. Reinforcing dressing: Includes time to place the equipment at the bedside, apply a dressing to the present dressing for reinforcement, and remove the equipment from the area.</td>
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<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
<td>Final Time</td>
<td>Definitions</td>
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</table>
| 36          | Dressing - complex 30 mins X1 | 30.0       | AC 36: Dressing - complex 30 mins X1  
1. Multiply the point value by the number of staff members required.  
2. Operational Description:  
Includes time to place the equipment at the bedside, remove the soiled dressing, don gloves, administer an irrigation solution if needed, reapply the dressing, and remove the equipment from the area. |
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
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</thead>
<tbody>
<tr>
<td><strong>37</strong></td>
<td>Venipuncture, Arterial Puncture, Withdrawal from Line X1</td>
<td><strong>15.8</strong></td>
<td>AC 37: Venipuncture, Arterial Puncture, Withdrawal from Line X1</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1. Venipuncture for a blood sample and arterial blood gases that are obtained by an arterial puncture</td>
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<td>2. Includes blood samples obtained from intravascular lines; such as, arterial blood gases obtained from arterial lines.</td>
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<td>3. Each venipuncture counts as one laboratory study, regardless of how many blood tubes are filled.</td>
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<td>4. Multiply the point value by the number of personnel required.</td>
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<td>5. Operational Description:</td>
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<td></td>
<td>a. Venipuncture—blood sample: Includes time to place the equipment at the bedside, don gloves, apply a tourniquet to the extremity, cleanse the site, perform a venipuncture, withdraw a blood sample, apply pressure to the puncture site, attach labels on the blood tubes, and remove the equipment from the area, and/or</td>
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<td></td>
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<td></td>
<td>b. IV or A-line—blood sample: Includes time to place the equipment at the bedside, don gloves, clear the system, obtain a blood sample through a stopcock, flush the system, label samples, and then remove the equipment from the area, and/or</td>
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<td>c. Arterial—blood gases: Includes time to place the equipment at the bedside, don gloves, locate the arterial puncture site, perform the puncture, draw blood, place a sample on ice, apply pressure to the puncture site, label the sample, and remove the equipment from the area, and/or</td>
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<td></td>
<td>d. Blood culture: Includes time to place the equipment at the bedside, don gloves, apply a tourniquet to the extremity, clean the site, perform venipuncture and withdraw a blood sample, apply pressure to the puncture site, apply labels on the blood culture bottle, and remove the equipment from the area.</td>
</tr>
<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
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<td>Definitions</td>
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</tr>
<tr>
<td>38</td>
<td>Collection and Preparation of Lab Tests by nursing staff on the unit X1</td>
<td>4.4</td>
<td>AC 38: Collection and Preparation of Lab tests by nursing staff on the unit X1</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1. Include those specimens (blood, urine, sputum, and drainage) obtained by nursing personnel on the unit or sent to the laboratory.</td>
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<td></td>
<td>2. Multiply value by the number of personnel required and separate samples obtained.</td>
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<td></td>
<td>3. Does not include time for venipuncture or arterial puncture. This time is take using indicator AC 40.</td>
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<td>4. Operational Description:</td>
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<td></td>
<td></td>
<td>a. Blood Collection: After obtaining the blood sample, includes time to don gloves, apply label to the specimen, complete appropriate documentation, and record the results, and/or</td>
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<td></td>
<td>b. Bilirubin testing: Includes time to place the equipment at the bedside, position the infant, don gloves, stick the heel and draw blood into a capillary tube, spin down the serum, place the serum on a slide, and read the slide, and/or</td>
</tr>
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<td></td>
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<td></td>
<td>c. Sputum sample: Includes time to place the equipment at the bedside, position the patient, don gloves, obtain a specimen, apply a label to the specimen, and remove the equipment from the area, and/or</td>
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<td></td>
<td>d. Urine specimen: Includes time to place the equipment at the bedside; instruct the patient on how to collect a specimen or don gloves and collect a sample from the Foley catheter, label the specimen, and remove the specimen from the area.</td>
</tr>
<tr>
<td>39</td>
<td>Fingerstick/Point of Care Testing X1</td>
<td>6.6</td>
<td>AC 39: Fingerstick/Point of Care Testing X1</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1. Take for each episode of point of care testing.</td>
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<td>2. Quality control performed for each piece of equipment is captured in indirect care.</td>
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<td>3. Operational Description:</td>
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<td></td>
<td></td>
<td>Includes obtaining the supplies and equipment and placing them at the bedside, properly identifying the patient, position the patient, don gloves, cleanse the site, obtain the blood sample, remove the equipment from the area and record the results.</td>
</tr>
<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
<td>Final Time</td>
<td>Definitions</td>
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<tr>
<td>40</td>
<td>Perform EKG X1</td>
<td>11.3</td>
<td>AC 40: Perform Electrocardiogram (ECG/EKG). Operational Description: Includes time to place the equipment at the bedside; connect the leads to the patient and obtain the ECG; record the name, date, and time on the ECG; remove the leads and clean the skin; and remove the equipment from the area, x1.</td>
</tr>
<tr>
<td>41</td>
<td>Medication AdministraX1</td>
<td>6.5</td>
<td>AC 41: Medication Administration X1 (includes prn; excludes IV medication). 1. Count the number of trips made into the patient’s room or the number of trips by the patient to the nurses’ station for medications, not the number of medications administered during each trip. Use this acuity code for patients who receive. 2. This includes prn medications but only if the patient is receiving them. Determine projected needs by past requests and nursing judgment. 3. Includes all methods of medication administration except IV and NG. Use ACs 26 through 28 for IV medication. Use AC 42 for medications given through an NG or gastric tube.</td>
</tr>
<tr>
<td>Acuity Code</td>
<td>Final Time</td>
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<td>Minutes</td>
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4. Operational Description:

a. Oral: Includes time, upon contact with patient, to obtain a glass of water and administer the oral medication, and/or
b. Intramuscular: Includes time to place the equipment, locate the site for injection, administer the medication, and remove the equipment from the area, and/or
c. Topical: Includes time to place the equipment, locate and expose the site for topical application of the medication, apply the medication, and then remove the equipment from the area, and/or
d. Sublingual: Includes time to place the equipment, place the medication under the patient’s tongue, and then remove the equipment from the area, and/or
e. Subcutaneous: Includes time to place the equipment, locate the site for injection, administer the medication, and then remove the equipment from the area, and/or
f. Suppository, rectal or vaginal: Includes time to place the equipment, prepare and administer the suppository, and then remove the equipment from the area, and/or
g. Eye drops: Includes time to position the patient, instill eye drops, and then remove the equipment from the area, and/or
h. Ear drops: Includes time to position the patient, instill ear drops, and then remove the equipment from the area, and/or
i. Nose drops: Includes time to position the patient, instill nose drops, and then remove the equipment from the area.
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<tbody>
<tr>
<td>42</td>
<td>Medication Administration - G/NG/DHT tube X1</td>
<td>12.4</td>
<td>AC 42: Medication Administration - G/NG/DHT tube X1</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>1. Increase the point value as frequency increases.</td>
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<td>2. Operational Definition:</td>
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<td></td>
<td>a. Irrigation: Includes time to place irrigation solution at the bedside,</td>
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<td>unclamp or disconnect the tube, irrigate, reclamp or reconnect the tube,</td>
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<td></td>
<td></td>
<td>and remove the equipment from the area, and/or</td>
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<td></td>
<td>b. Instillation of medication: Includes time to prepare medication</td>
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<td>and place at bedside, unclamp or disconnect the tube, instill the</td>
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<td>solution, flush, reclamp, or reconnect the tubing, and remove the</td>
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<td></td>
<td></td>
<td></td>
<td>equipment from the area.</td>
</tr>
<tr>
<td>43</td>
<td>Irrigations or Instillations X1</td>
<td>3.7</td>
<td>AC 43: Irrigations or Instillation X1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Irrigations or instillations includes all types of tube irrigations</td>
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<td></td>
<td></td>
<td></td>
<td>or instillations.</td>
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<td></td>
<td>2. Increase the value as frequency increases.</td>
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<td></td>
<td>3. If irrigations are continuous, use AC 26 to take value for the</td>
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<td></td>
<td>number of bottle or bag changes.</td>
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<td>4. Operational Description:</td>
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<td></td>
<td></td>
<td>a. Irrigation: Includes time to place irrigation solution at the bedside,</td>
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<td></td>
<td>unclamp or disconnect the tube, irrigate, reclamp or reconnect the tube,</td>
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<td></td>
<td></td>
<td>and remove the equipment from the area, and/or</td>
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<td></td>
<td>b. Instillation: Includes time to place medication and/or normal saline</td>
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<td>at the bedside, unclamp or disconnect the tube, instill the solution,</td>
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<td></td>
<td>reclamp or reconnect the tubing, and remove the equipment from the area.</td>
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</table>
| 44          | Restraint Care                  | 15.0       | AC 44: Restraint Care  
1. Includes time to apply and monitor restraints.  
2. Use this critical indicator in conjunction with AC 7, Neurovascular checks  
3. Operational Description:  
Includes time to document alternatives to restraints, apply, educate the patient and family, monitor at regular intervals and document, offer toileting and perform range of motion exercises, and replace restraints if necessary. |
| 45          | Assist OOB Chair/Litter X1      | 5.5        | AC 45: Assist OOB Chair/Litter X1  
1. This includes the transfer. It does not include assisting with ambulation.  
2. Increase the value with increased frequency.  
3. Multiply the point value by the number of staff members required.  
4. Operational Description:  
a. Bed to litter: Includes time to place the litter at the bedside, transfer the patient to the litter, fasten safety straps or adjust the side rail, remove the stretcher from the bedside, and/or  
b. Litter to bed: Includes time to place the litter at the bedside, transfer the patient to the bed, or adjust the side rail, remove the litter from the bedside, and/or  
c. Bed to chair or bedside commode: Includes time to position the chair, wheelchair, or commode at the bedside; assist the patient into a sitting position, bring the patient into an upright standing position; assist the patient into a chair. |
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<tr>
<td>46</td>
<td>Assist OOB to Bathroom and Return X1</td>
<td>8.5</td>
<td>AC 46: Assist OOB to Bathroom and Return X1&lt;br&gt;1. Increase the value with increased frequency.</td>
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<td>2. Multiply the point value by the number of staff members required.</td>
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<td>3. Operational Description:&lt;br&gt;a. Bed to bedside commode: Includes time to position the chair,</td>
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<td>wheelchair, or commode at the bedside; assist the patient into a sitting position; bring the</td>
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<td>patient into an upright standing position; assist the patient into a chair, and reverse the</td>
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<td>process, or&lt;br&gt;b. Bed to toilet: Includes time to position the wheelchair at the bedside; assist</td>
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<td>to ambulate, assist the patient into a sitting position; cleanse patient, bring the patient</td>
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<td>into an upright standing position; assist the patient to return to chair or bed.</td>
</tr>
<tr>
<td>47</td>
<td>Assist to Ambulate and Return X1</td>
<td>10.4</td>
<td>AC 47: Assist to Ambulate and Return X1&lt;br&gt;1. Count value each time a patient is assisted by a</td>
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<td></td>
<td></td>
<td>staff member.</td>
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<td></td>
<td>2. Multiply the point value by the number of staff members required.</td>
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<td>3. Operational Description:&lt;br&gt;Includes time to assist the patient into a sitting position on</td>
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<td>the side of the bed, bring the patient into an upright standing position, assist with</td>
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<td></td>
<td>ambulation, and assist the patient back into bed, x1.</td>
</tr>
<tr>
<td>48</td>
<td>Infant Circumcision or Phototherapy</td>
<td>15.0</td>
<td>AC 48: Infant Circumcision or Phototherapy&lt;br&gt;1. Multiply the point value by the number of</td>
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<td></td>
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<td></td>
<td>staff members required.</td>
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<td>2. Operational Description:&lt;br&gt;a. Circumcision: Includes time to place the equipment in the</td>
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<td>treatment room, secure the baby in restraints, assist the physician with the procedure, apply</td>
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<td>a dressing to the surgical site, remove restraints, and return the baby to the newborn nursery,</td>
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<td>or&lt;br&gt;b. Phototherapy treatment: Includes time to place the equipment at the bedside, expose</td>
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<td>the baby, apply and maintain eye pads, position the phototherapy lights, and assess the infant</td>
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<td></td>
<td>frequently.</td>
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<td>Acuity Code</td>
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<tr>
<td>49</td>
<td>Apply Isolation Gown, Gloves and/or Mask X24</td>
<td>1.0</td>
<td>AC 49: Apply Isolation Gown, Gloves and/or Mask X24</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. This critical indicator is to be used for a patient requiring a mask, gown, and/or gloves, and not just wound isolation requiring only gloves.</td>
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<td></td>
<td>2. Time allotted accounts for 24 episodes of applying isolation equipment in a 24 hour period.</td>
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<td>3. Operational Description:</td>
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<tr>
<td></td>
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<td></td>
<td>Upon arrival at an isolation area, wash your hands and put on an isolation gown, mask, and gloves, and on departing the isolation area, remove the gown, mask, and gloves, and wash your hands.</td>
</tr>
<tr>
<td>50</td>
<td>New Admission - Assessment and Orientation</td>
<td>50.9</td>
<td>AC 50: New Admission - Assessment and Orientation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. This critical indicator is used for all new admissions and includes time for admission assessment and orientation activities.</td>
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<td>2. This critical indicator can be selected within 24 hours of admission; therefore, patients admitted on the evening shift after that days’ classification can be classified the next day using AC 50.</td>
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<td>3. Operational Description:</td>
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<td></td>
<td>Includes assisting patient to bed, raise side rails, time to obtain the past medical and social history, a complete patient assessment, orient the patient to the unit, instruct the patient about hospital regulations, and explain about ward policies.</td>
</tr>
<tr>
<td>51</td>
<td>Transfer - In (Within the facility)</td>
<td>28.6</td>
<td>AC 51: Transfer - In (Within the facility)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. This factor is to be used for any patient transferred from one unit to another.</td>
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<td>2. Transfer points go to the receiving unit.</td>
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<td>3. Operational Description:</td>
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<tr>
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<td></td>
<td>Includes time for transferring the patient to the bed, reviewing the patient’s record, assessing the patient, and orienting the patient to the new unit and its personnel.</td>
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<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
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</table>
| 52          | Transfer - Out (Within the facility) | 39.3       | AC 52: Transfer - Out (Within the facility)  
1. This factor is to be used for any patient transferred from one unit to another.  
2. Transfer points go to the losing unit.  
3. Multiple times the number of personnel required.  
4. Operational Description:  
Includes time to prepare the patients belongings, reviewing the patient’s record, call report to the gaining unit, transferring the patient to the bed, accompany patient to the gaining unit, assist to transfer to the bed. |
| 53          | Discharge / Transfer to External Facility | 26.1       | AC 53: Discharge/Transfer to external facility  
Operational Description:  
Includes time to collect the patient’s belongings, review the patient’s record, obtain discharge medication from the pharmacy, discontinue IVs, perform discharge teaching with the patient and family, and accompany patient to the transportation. |
| 54          | Accompany Patient Off Unit X15 min     | 15.0       | AC 54: Accompany Patient Off Unit X15 min  
1. Count for every 15 min a nursing staff member is off the nursing unit with a patient.  
2. Operational Description:  
Anytime a nursing staff member is required to accompany a patient off the nursing unit; such as, accompanying a patient to Radiology. |
<table>
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<tbody>
<tr>
<td>55</td>
<td>Other Activities Requiring X15 min (Must free text)</td>
<td>15.0</td>
<td>AC 55: Other Activities Requiring X15 min (Must free text)</td>
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<td></td>
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<td></td>
<td>1. Multiply the point value by the number of staff members required.</td>
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<td></td>
<td>2. These activities must be documented in WMSNi and in the patient's medical record.</td>
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<td>3. Operational Description:</td>
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<td></td>
<td></td>
<td></td>
<td>Points may be given for direct care activities that require 15, and are not found on the critical indicator list.</td>
</tr>
<tr>
<td>56</td>
<td>Assist With Procedure X15 min (Must free text)</td>
<td>15.0</td>
<td>AC 56: Assist With Procedure X15 min (Must free text)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Multiply the point value by the number of staff members and time required.</td>
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<td></td>
<td>2. Operational Description:</td>
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<td></td>
<td>Includes time to place all equipment at the bedside, assist the physician with procedure, prepare all connections, and remove the equipment from the area.</td>
</tr>
<tr>
<td>57</td>
<td>Each Hour Requiring Continuous Staff Attendance</td>
<td>60.0</td>
<td>AC 57: Each Hour Requiring Continuous Staff Attendance</td>
</tr>
<tr>
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<td></td>
<td>1. Count for each hour of continuous care or attendance required up to 4 hours. After that, use critical indicator AC 69 or AC 70.</td>
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<td>2. Multiply by the number of staff members required.</td>
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<td></td>
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<td>3. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assignment of one member of the nursing team to observe and provide direct nursing care to the patient during a specific activity. Examples of when this indicator should be used include:</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>-Cardiac arrest or the administration of cardiopulmonary resuscitation (CPR).</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>-An unstable patient awaiting transfer to an ICU or response from the Rapid Response Team (RRT).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-A severely agitated patient requiring staff attendance while sedation takes effect.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-Staff attendance for transport.</td>
</tr>
</tbody>
</table>

7. RESPIRATORY THERAPY
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>Oxygen Therapy</td>
<td>2.0</td>
<td>AC 58: Oxygen Therapy</td>
</tr>
</tbody>
</table>

1. Count oxygen therapy regardless of how the oxygen is administered, such as by nasal prongs, mask, nasal cannula, collar, face tent, or oxyhood.

2. This critical indicator is not increased by the number of types of oxygen administration. If oxygen is administered by nasal prongs and a face mask both, it is still only taken 1 time.

3. Operational Description:
   a. Oxygen administration—prongs: Includes time to place the equipment at the bedside, fit the nasal prongs, adjust the headband, regulate the oxygen rate, and evaluate the patient’s adjustment to the oxygen and equipment, and
   b. Oxygen administration—mask: Includes time to place the equipment at the bedside, turn on the oxygen, fit the mask over the mouth and nose, adjust the headband, evaluate fit and the patient’s adjustment to the equipment, and regulate the oxygen flow rate, and
   c. Oxygen administration—nasal: Includes time to place the equipment at the bedside, turn on the oxygen, lubricate and insert the nasal catheter, secure it with tape, evaluate the patient response, and regulate the oxygen flow rate, and
   d. Oxygen administration—mist with collar or face tent: Includes time to place the equipment at the bedside, turn on the oxygen, position the equipment, secure the equipment, evaluate the patient response, and regulate the oxygen flow rate, and
   e. Oxyhood—application or replacement: Includes time to place the oxyhood over the infant’s head, position the oxygen sensor, assess the oxygen concentration using the oxygen analyzer, adjust the oxygen flow if indicated, evaluate patient response, and record the results.
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>Incentive Spirometer X1</td>
<td>2.6</td>
<td>AC 59: Incentive Spirometer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Multiply value with increased frequency. For example, an order of “Every 1 hour while awake” would approximate 12 treatments.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. Incentive spirometer: Includes time to place a spirometer at the bedside, assist the patient during the procedure, determine the proper usage of the spirometer, and locate the equipment at the bedside for the next treatment, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Cough and deep breathe: Upon arrival at the bedside, have the patient cough and deep breathe. If the cough is productive, includes time to observe and dispose of the sputum.</td>
</tr>
<tr>
<td>60</td>
<td>Respiratory Treatment X1 (performed by nursing staff)</td>
<td>7.5</td>
<td>AC 60: Respiratory Treatment X1 (Performed by nursing staff)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Respiratory treatment or nebulizer must be administered by nursing personnel to count.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Multiply point value with increased frequency.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Respiratory treatment: Upon arrival at the bedside, includes time to prepare the nebulizer, position the patient, assure the proper breathing technique, and administer the treatment.</td>
</tr>
<tr>
<td>Acuity Code</td>
<td>Updated Indicators</td>
<td>Final Time</td>
<td>Definitions</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------</td>
<td>------------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| 61          | Suctioning X1      | 2.5        | AC 61: Suctioning X1

1. Suctioning includes oral, tracheostomy, nasotracheal, or endotracheal.

2. Multiply the value times the number of nursing staff personnel required.

3. Increase the point value as the frequency increases.

4. Operational Description:

   a. Suctioning-Oral: Includes time to place the equipment or set up the equipment at the bedside, suction the oral cavity with a suction catheter or oral suction tip, flush the catheter before and after each aspiration, replace the used equipment, and remove the used equipment from the area. (Includes oral bulb syringe suctioning for infants), and

   b. Suctioning-Tracheostomy: Includes time to set up the equipment, put on sterile gloves; suction and flush the catheter before and after each aspiration, and remove the used equipment from the area,

   and

   c. Suctioning-Nasotracheal: Includes time to set up the equipment at the bedside, put on sterile gloves, pass the nasal catheter and suction, flush the catheter before and after each aspiration, replace the used equipment, and remove the used equipment from the area,

   and

   d. Suctioning—Endotracheal: Includes time to set up sterile equipment at the bedside, put on sterile gloves, suction through the endotracheal tube, flush the catheter before and after each use, have the patient bag breathe between each aspiration, remove gloves, and remove the used equipment from the area.
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>BiPAP/CPAP X8 hours</td>
<td>25.0</td>
<td>AC 62: Bi-level Positive Airway Pressure (BiPAP)/Continuous Positive Airway Pressure (CPAP) X8 hours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Includes use of home machine when allowed. Incurs no additional values beyond those included under patient care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Add additional values for continuous use. For example if a patient is on CPAP for 24 hours take the episode 3 times.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. Oxygen Administration-BiPAP/CPAP: Includes time to place equipment at bedside, apply mask, reposition, and or reapply as needed and assess seal, assess and/or regulate the oxygen and pressures, assess all tubing for patency and alarms every 1 hour over an 8 hour period, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Responding to BiPAP/CPAP Alarm: Upon arrival at the bedside, includes time to assess the situation and reset the alarm.</td>
</tr>
<tr>
<td>63</td>
<td>Ventilator Care</td>
<td>75.0</td>
<td>AC 63: Ventilator Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. Oxygen Administration-Ventilator: Upon arrival at the bedside, includes time to assess and/or regulate the oxygen and ventilator pressures, assess all tubing for patency and collection of fluids within tubing, assess the fluid level in the water vapor container, and assess the proper position of alarms, every 1 hour, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Responding to Ventilator Alarm: Upon arrival at the bedside, includes time to assess the situation and reset the alarm.</td>
</tr>
<tr>
<td>64</td>
<td>Tracheostomy Care X1</td>
<td>8.3</td>
<td>AC 64: Tracheostomy Care X1.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. Increase the value as the frequency increases</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. Tracheostomy-Cleaning Cannula: Includes time to place the equipment at the bedside; complete tracheostomy suction; remove, clean, and replace the inner tube; and remove the soiled equipment and replace it with clean equipment, and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Tracheostomy-Dressing Change: Includes time to place the equipment at the bedside, remove the soiled dressing, cleanse the skin, replace the dry dressing, change the tracheostomy ties as indicated, and remove soiled equipment from the area.</td>
</tr>
</tbody>
</table>
### 8. TEACHING

<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>65</td>
<td>Teaching - Individual X15 min (Must document)</td>
<td>15.0</td>
<td>AC 65: Teaching - Individual X15 min (Must document).</td>
</tr>
</tbody>
</table>

1. This critical indicator allows for 15 min of direct individual patient and family instruction.

2. Multiply the point value in 15 min increments; for example 30 minutes of direct patient and/or family individual instruction is equal to 2, etc.

3. This critical indicator is to discriminate between the routine teaching given all patients and the patient who needs additional teaching. Time allowance for routine teaching has been incorporated in times for each critical indicator.

4. Operational Description:

   a. Pre-Operation Teaching: Includes time to provide individual instruction to the patient and family and to answer questions, or

   b. Individualized Teaching for the patient and family on diabetic care, newborn care, cardiac care, colostomy care, post partum care, medications, etc. Includes time to provide individual instruction regarding the nature and scope of a disease process or a recent event (post-delivery); special care requirements, limitations, and/or restrictions related to a disease or illness; and to answer questions.

### 9. EMOTIONAL SUPPORT
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
</table>
1. This critical indicator allows for 15 min of direct individual patient and family support.  
2. Multiply the point value in 15 min increments; for example 30 minutes of direct patient and/or family support is equal to 2 points, etc.  
3. This critical indicator is to discriminate between the routine emotional support given all patients and the patient who needs extra attention. Routine emotional support is already incorporated into the time for Activities of Daily Living.  
4. Operational Description:  
Includes extra time needed to individually interact with a patient or family member and to provide additional emotional support. This patient/family support must be documented in the patient’s record. |
| 67          | Lifestyle Modification X15 min (Must document) | 15.0       | AC 67: Lifestyle Modification X15 min (Must document)  
Operational Description.  
Includes time to provide individual support regarding limitations and restrictions of a new prosthesis, the necessary alteration of lifestyle, and coping with a body image change or illness. This lifestyle modification support must be documented in the patient’s record. |
| 68          | Sensory Deprivation - cognitive impairment, language barrier, blind, deaf, etc. | 45.0       | AC 68: Sensory Deprivation - cognitive impairment, language barrier, blind, deaf, etc.  
Operational Description.  
Includes the extra time that must be taken for interaction with certain patients; such as, those who have a cognitive impairment, foreign speaking, blind, deaf or hearing impaired, mute or unable to speak. |

10. CONTINUOUS
<table>
<thead>
<tr>
<th>Acuity Code</th>
<th>Updated Indicators</th>
<th>Final Time</th>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td>Patient Requiring 1:1 Coverage All Shifts (Category 5 Patient)</td>
<td>720.0</td>
<td>AC 69: Patient Requiring 1:1 Coverage All Shifts (Category 5 Patient)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. The continuous critical indicator is to be used for patients who require 1:1 care all shifts (Category 5 patient).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. Includes time for one RN to render all care to a specific patient requiring continual 1-to-1 observation, supervision, and support. Examples include a suicide patient who must be kept within arms reach, or within line of sight, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Includes time for one paraprofessional to be assigned 1-to-1 to a patient. This individual will provide continual observation, supervision, support, and render care in the areas of VS monitoring, ADL, treatments, and feeding. Do not take additional points for these activities when the patient is classified continuous. Additional critical indicators may be taken for activities of the RN as required in the areas of treatments, IVs, and teaching.</td>
</tr>
<tr>
<td>70</td>
<td>Patient Requiring Greater Than 1:1 Coverage All Shifts (Category 6 Patient)</td>
<td>1095.0</td>
<td>AC 70: Patient Requiring Greater Than 1:1 Coverage All Shifts (Category 6 Patient)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1. The continuous critical indicator is to be used for patients who require greater than 1:1 care all shifts.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Operational Description:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>a. Includes time for one RN and one additional staff member to render all care to a specific patient requiring continual 1-to-1 observation, supervision, and support. Examples include a suicide patient who must be kept within arms reach, or within line of sight, or</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b. Includes time for one paraprofessional and one additional staff member to be assigned 1-to-1 to a patient. This individual will provide continual observation, supervision, support, and render care in the areas of VS monitoring, ADL, treatments, and feeding. Do not take additional points for these activities when the patient is classified continuous. Additional critical indicators may be taken for activities of the RN as required in the areas of treatments, IVs.</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Definition</td>
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<tr>
<td>AMO</td>
<td>automation management officer</td>
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<tr>
<td>AN</td>
<td>Army Nurse Corps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AVG</td>
<td>average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.i.d</td>
<td>twice a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BORR</td>
<td>borrowed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CC</td>
<td>critical care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDON</td>
<td>chief, department of nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHN</td>
<td>clinical head nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CI</td>
<td>command interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CN</td>
<td>chief nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPR</td>
<td>cardiopulmonary resuscitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CT</td>
<td>compensatory time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CVP</td>
<td>central venous pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DA</td>
<td>Department of the Army</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIFF</td>
<td>difference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOD</td>
<td>Department of Defense</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DON</td>
<td>department of nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECG</td>
<td>electrocardiogram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EQUIV</td>
<td>equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHT</td>
<td>fetal heart tones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTE</td>
<td>full time equivalent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GEOM</td>
<td>geometric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>GI</td>
<td>gastrointestinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCSSA</td>
<td>Health Care Systems Support Activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HN</td>
<td>head nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HQDA</td>
<td>Headquarters, Department of the Army</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HR</td>
<td>hour(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I&amp;O</td>
<td>intake and output</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICP</td>
<td>intracranial pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICU</td>
<td>intensive care unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPPB</td>
<td>intermittent positive pressure breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRR</td>
<td>interrater reliability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ITR</td>
<td>inpatient treatment record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>intravenous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td>licensed practical nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MACOM</td>
<td>major Army command</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCN</td>
<td>MACOM chief nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEPRS</td>
<td>Medical Expense and Performance Reporting System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M/S</td>
<td>medical and/or surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS-3</td>
<td>Manpower Staffing Standards System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MTF</td>
<td>medical treatment facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td>nursing assistant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NBN</td>
<td>newborn nursery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCH</td>
<td>nursing care hour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NG</td>
<td>nasogastric (tube)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIC</td>
<td>neonatal intensive care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICU</td>
<td>neonatal intensive care unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NMA</td>
<td>nurse methods analyst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB</td>
<td>obstetrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OP</td>
<td>operational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td>operating room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OT</td>
<td>overtime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTSG</td>
<td>Office of The Surgeon General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>patient acuity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAP</td>
<td>pulmonary artery pressure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PARA  
paraprofessional

PCA  
Patient Controlled Anelgesia (machine)

PED  
pediatrics

PM  
program manager

POC  
point of contact

PROF  
professional

PSY  
psychiatry

q  
operation performed every; for example, q.4 hours (operation performed very 4 hours) (see also q.i.d.)

q.i.d.  
4 times a day ((operation or something) done 4 times in a day)

RCS  
Requirement Control Symbol

REG  
regular

REQ  
required

REQD  
required

RMO  
resource management office

RN  
registered nurse

ROM  
range of motion

SCHED  
scheduled

S&A  
sugar and acetone

SC  
special category

SI  
seriously ill

SOP  
standing operating procedure

STD DEV  
standard deviation

STR  
strength

t.i.d  
3 times a day

TOT  
total

UCAPERS  
Uniform Chart of Accounts Personnel Utilization System

UCL  
upper control limits

UIC  
Unit Identification Code

VS  
versus

VSI  
very seriously ill

WC  
ward clerk
**W/C**
workcenter

**WM**
wardmaster

**WMSN**
Workload Management System for Nursing
Aquity Points
The numbers assigned to each specific critical indicator based upon documented time and motion studies. Each point is equal to 7.5 min of direct nursing care time.

Analysis viewer toolbar
See Pentaho Analysis Viewer Guide

Child members
See Glossary of OLAP Terms

Critical Indicators
Those activities on the patient classification instrument that have the greatest impact on direct care time.

Critical indicator frequency
Number of times a critical indicator activity is performed.

Dashboard
See Glossary of OLAP Terms

Dimensions
See Glossary of OLAP Terms

Direct care
Activities that take place in the presence of the patient and/or family (usually at the patient’s bedside). These activities are observable, behavioral, and include the following:

a. Placement of equipment at the bedside.
b. Explanation of a procedure to the patient.

Drill down
See Glossary of OLAP Terms

Drill up
See Glossary of OLAP Terms

Indirect care
Time required for those activities and tasks performed away from the patient and/or family. In the WMSN indirect nursing care is composed of the following percentages of time:

Medical-surgical: 76 percent; pediatrics: 72.7 percent; psychiatry: 68.9 percent; critical care: 66 percent; and nursery: 63 percent.

Measures
See Glossary of OLAP Terms
Workload Management System for Nursing
A patient classification system with a factor-evaluation design instrument that requires the rater to assess 10 factors relating to patient care and determine a point value for each factor. The weighted scores are calculated, and the patients are classified into 1 of 6 discrete categories. A staffing methodology is used for determining the actual NCH requirements and the number of mix personnel recommended for care. This system has both a direct care and an indirect care component.

OLAP cube
See Glossary of OLAP Terms

OLAP navigator
See Glossary of OLAP Terms

Parent members
See Glossary of OLAP Terms

Patient Classification
The identification and classification of patients into care groups or categories and the quantification of these categories into a measure of nursing effort required over a specific period of time.

Patient Volume (for PACS and LADS outpatients)
Number of outpatients treated in a 24 hour period.

Personnel requirements (daily)
The required number of staff for a 24-hour period as calculated by the WMSN using the patient acuity data and the personnel distribution formulas.

Raw staff
Monthly required number of staff necessary to perform nursing care (excluding overhead).

Reliability
The consistency between measurements.

Rows
See Glossary of OLAP Terms.

Valid Classification
Classification performed within the last 24 hours.
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About BIF Technologies

BIF Technologies was founded in 1999 in San Antonio, TX by Roderick and Darlene Barnes as an IT consulting firm. In 2002, BIF Technologies expanded into the Business Intelligence (BI) arena, producing a patented BI software known as Insight. In 2009, BIF Technologies branched into promotions, publications, and community building with the birth of the Social Networking Administration and Promotion (SNAP) Division. Through consulting services, product development, and promotional activities, BIF Technologies offers a total solutions package to organizations seeking to improve performance and achieve goals.

Colophon

A user guide is usually not read for enjoyment but rather out of the necessity to become familiar with and utilize a product. However, it is our desire to provide readers a break amid the intensity of such material. The U.S. postal stamp images on the cover and at the beginning of each chapter of this guide endeavor to do just that. U.S. postal stamps signify payment for delivery. The stamp images in this manual pay homage to the profound role nursing and healthcare have played in the history of our country. In addition, the intention of the images at the start of each chapter is to deliver not only easement in the reading but also inspiration with each quote they accompany.