

## WMSN AS A "CAPPING" TOOL

Nurses in all fixed Army hospitals use the WMSN to classify patients and to determine staffing needs. This patient classification system estimates the number of nursing care hours required to provide safe nursing care to the number of patients already on the nursing unit. Units utilize these nursing care hours to determine staffing needs.

When required nursing care hours exceed available man-hours and a unit is unable to handle additional patients without jeopardizing patient safety, nurses must make management decisions to equalize workload or to recommend that physicians limit patient admissions. The nursing supervisor has the responsibility to determine if nursing staff can be pulled from other areas within the facility to augment the unit and increase its capacity. If this is not feasible, the nursing supervisor identifies units which have the ability to absorb additional workload and recommends that new patients be admitted to those units.

Do not confuse distributing patients to equalizing workload or limiting admissions with curtailing hospital admissions. Limiting admissions or "capping beds" for a specific nursing unit does not automatically mean that the patient cannot be admitted to the hospital. Rather it means that additional admissions to specific units with high nursing care hour requirements should not occur and health care providers should admit patients to units with lesser nurse care hour requirements. This practice ensures that patients receive required care from nursing staff who are not already overworked. Health care providers should not turn patients away or not admit them because of the inconvenience of having patients from the various services scattered throughout the facility. Only when in-house capability does not exist, should you cap beds at the facility level.

d. The WMSN is only one of the information tools available to nurses to evaluate staffing needs and is not used exclusively to determine a unit's capability to handle additional workload. The nursing supervisor considers the experience of the staff, as well as the amount of workload already accomplished, when determining if available staff can handle current/projected workload. The decision to cap admissions to the facility should not be made lightly and requires a coordinated effort within the medical treatment facility. The WMSN system can readily be incorporated into a comprehensive bed management policy.

NOTE: Writing specific policies which delineate "thresholds" for the mandatory capping of beds is strongly discouraged. The decision to cap beds should never be made solely on the basis of the information provided by the WMSN. The decision to cap beds should be made on the basis of many factors which the nurse, in conjunction with the medical staff, must evaluate.

The "capping of beds" should be one of the last management strategies to pursue.