WMSNi is a web based application that provides real time, comprehensive nursing workload, manpower, and staffing data for decision making at all levels.

WMSNi is deployed to all Army Military Treatment Facilities (MTF), as well as one DHA facility. WMSNi captures nursing workload by documenting direct and indirect Nursing Care Hours (NCH) provided to our inpatients. These NCH totals provide the foundation for inpatient nursing staffing requirements earned in the Army’s manpower models. WMSNi automates and simplifies day-to-day nursing manpower management processes at the MTFs. WMSNi ensures nursing levels are adequate to provide responsive, innovative and evidence-based nursing care, allowing for acuity-based decision making.

Background:

WMSN was first developed in 1985 as a joint effort between 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. WMSN transitioned to WMSNi in 2010 to refresh the application to a more contemporary format as well as provide new and convenient features.

Key Features

- Inpatient staff scheduling
- Captures outpatient nursing workload performed in the inpatient environment
- Provides a real time, comprehensive patient level nursing care hour requirement data
- Reporting capabilities directly support the Joint Commission’s requirements for optimizing staff productivity and efficiency
- Provide a consistent reliable method to quantify nursing workload, and staffing requirements

Key Benefits

- Provide an evidence based methodology to optimize business practices and cost
- Improved information for making manpower decisions
- Better visibility into workload and scheduling for enhanced patient safety
- Eliminates paper-based documentation at Army military treatment facilities for requirements of the patients and staffing reports
- Allows enterprise-wide data driven analysis for inpatient unit occupancy rate, patient acuities, nursing care hours and staffing