Intensive Care Unit: Acuity Tool Certification

Institution Name:	*UMassMemorial Medical Center: Memorial Campus*
Hospital Contact Name: **Title:** **E-mail Address:** **Phone Number:**	*Shawn Cody, PhD, MSN/MBA, RN* *Associate Chief Nursing Officer* *Codyj01@umassmemorial.org* *774-443-2438*
Name of Proposed Acuity Tool:	Kronos Optilink® (Workforce Workload Manager)
Acuity Tool Format:	*Electronic / Paper until June, 2016*
Intensive Care Units in which the acuity tool will be deployed:	***Memorial Campus:*** *2 ICU: CCU- General Medical Intensive Care Unit* *2 ICU: SICU- General Surgical Intensive Care Unit* *NICU - Neonatal Intensive Care (Jan 2017)*

I. Acuity Tool Description

Kronos Optilink is a clinically-focused work force management tool designed to help healthcare organizations deliver high-quality patient care and establish acuity based staffing assignments at the individual unit level.

OptiLink is a "professional judgment" model:

- Scenarios used instead of tasks, weights, or points
- Best method for measuring "knowledge-based" disciplines
- Based on unique populations of each unit
- All Acuity levels represented by "guidelines"; guidelines that were established for "High" or "Extreme" acuity levels become "rationales"
- The charge RN only needs to choose ONE rationale from "High" or "Extreme" category to raise patient acuity status (although not limited to one rationale; several may be selected).

Kronos Optilink® is not a "canned" system from a vendor; rather it is highly configurable and customized for any and every ICU to best reflect the uniqueness of its patient population. Input is not restricted to physiologic status, clinical complexity, medications and therapeutic supports, family and support system interactions, educational needs of the patient / family including discharge planning, etc, but all events related to the care of the patient, recommended through the staffing advisory committee, are included.

Kronos Optilink can be configured to utilize "exception charting". This means that all of our patients will default in as medium or "standard" acuity typical of an ICU, with no greater than two patients to one nurse assignment per regulatory stipulation. Patients manually selected to be in the lowest acuity level is for the purpose of administrative tracking and will not influence or affect the same standard of no greater than two patients to one nurse assignment per regulatory stipulation. The focus of this submission is to demonstrate the high and extreme acuities, whereby the charge RN has the ability to adjust patient acuity upwards based on professional judgment regarding the patients' clinical and psychosocial needs. There are no points or weights with which to be concerned; only descriptive scenarios representing "rationales" for

assigning the patient to a higher acuity level.

II. Methodology for Scoring Acuity

Patient acuity will be assessed upon admission, at the change of every shift, and with more frequency within a shift if a patient condition changes or becomes unstable. The charge RN is a staff nurse who does not take a patient assignment while in the role of charge, but assists with care where necessary. Charge RNs receive report from the staff RNs during the course of the shift and at the change of shift and then assign the patient acuity into the system. Acuity is not assigned by the system through an accumulation of points or weights. Rather, the clinical and psychosocial situation(s) that best describe the patient's condition at the time of evaluation in the expert opinion of the RN who most recently cared for the patient is how acuity is assigned. This, then, serves as the documentation / justification for adjusting the staffing as needed to meet the needs of the patient and to support the clinical judgment of the RN.

Patients present on the screen via an interface with the ADT system; nursing staff appear on the screen via Kronos Workforce Central (the staffing and scheduling system). From this screen, patients are selected for acuity leveling, and RNs are assigned to the patients. Acuity is reviewed by the charge nurses in conjunction with the staff nurses every shift. However, acuity adjustments can occur with any frequency needed during the shift as the patient condition warrants in the judgment of the nurse caring for the patient. To ensure that acuities are indeed reviewed, a "shift verified" checkbox appears on the screen to alert the charge nurse and the manager that acuity has indeed been reviewed for that shift.

The Charge RN clicks on the Workload / Manage tabs to bring up the assignment screen. All patients start out as "Medium / Average". If a patient's acuity needs to be adjusted upwards, the Charge RN clicks on the tab for either "High" or "Extreme" in the manage acuity section to bring up a list of rationales and chooses one or more applicable rationales. This will adjust the care requirements for the patient.

Typically the ICU uses four categories for acuity classification, approximating the shape of a standard bell curve.

Low- for example, boarders, patients pending discharge

Medium / Average - Typical patient seen in the unit, which should represent about 66% of patient population.

High- Unstable VS requiring titration every 15-30 min, multiple co-morbidities, expected death with the need of intense family support

Extreme - Ventricular assist device, ECMO.

It is the nurses, in consultation with their charge nurses, and managers, clinical coordinators, and/or educators as needed, who determine the most appropriate patient-specific acuity level resulting in a mutually agreed upon accurate nursing workload. OptiLink stresses *the importance of staff nurse input* towards increasing validity and reliability across shifts and patients, recognizing nurses as the clinical experts.

Calculation of nursing hours per shift are as follows: low and medium patients receive 6 nurse staffing hours per 12 hour shift, high acuity patients receive 12 nurse staffing hours per 12 hour shift and extreme patients receive 24 nurse staffing hours per 12 hour shift. Again, the Optilink Acuity tool does not use a "point" system to determine patient acuity. Rather, it is the selection of the appropriate acuity level determined by the nurse caring for the patient through choosing the appropriate rationale(s) best describing the patient conditions developed by the staffing by acuity steering committees and loaded into the Optilink Acuity system.

III. Indicators Included: Applicable to all ICUs		
Clinical Indicators of Patient Stability		**Clinical Indicators of Patient Stability**
x	Physiological status	Sudden cardiac / respiratory arrest and remain severely compromised Patient maintained in prone position Complex / unstable / extreme respiratory management Hyper/Hypotensive crisis requiring rapid stabilization Metabolic crisis with multisystem compromise
x	Clinical complexity*	Multiple concurrent events: difficulties maintaining stable physiological status, related scheduled / emergency procedures, multiple high risk medications, multiple therapeutic supports
x	Related scheduled procedures	Conscious sedation and/or neuromuscular blockade and recovery Off unit procedure or test requiring continuous nursing assessment and monitoring for the duration Research protocol requiring interventions / documentation every 15 minutes or less
x	Medications and therapeutic supports	CVVH (D) therapy Hypothermia protocol patient x 24 hours Post-op ECMO VAD
Indicators of Staff Nurse Workload		**Indicators of Staff Nurse Workload**
x	Patient age	Extremely low gestational age (< 26 weeks)
x	Patient and family communication skills and cultural/linguistic characteristics	Co-existing conditions impacting care such as sensory, language, or developmental deficits; cultural sensitivities
x	Patient and family education	Families / support systems requiring frequent interventions including complex teaching, transitional care arrangements, and help resolving ethical concerns
x	Family and other support	Emotionally traumatized / labile patients who require intensive support and coordination with other services, including but not limited to victims of sexual assault
x	Care coordination	Complex family issues, difficult decision-making, multiple services / agencies involved
x	Transitional care and discharge planning	Difficult or complicated placement issues involving several interdisciplinary meetings
*Note: Clinical complexity is a composite of all defined indicators.		

IV. For the ICU(s) listed above, please briefly describe how your acuity tool meets the unique care needs and circumstances of the patient population in that ICU

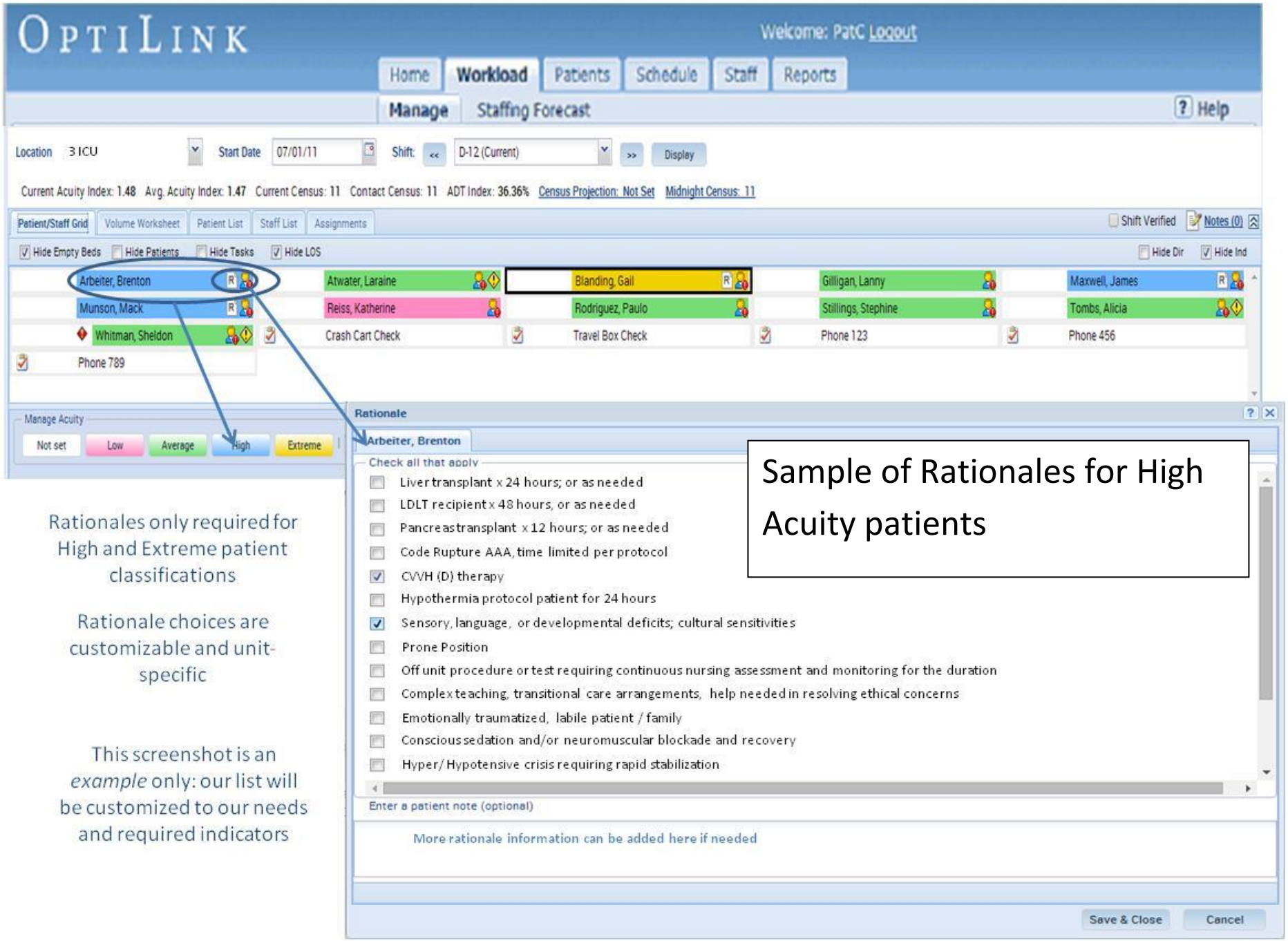
Optilink allows for acuity guidelines to be established for each individual ICU. Optilink suggests up to 5 scenarios for "low" and "extreme" acuities, and up to 15 or 20 scenarios for "Medium" and "High" acuities. This keeps the burden of scrolling through lengthy lists at a minimum for the nurses.

Examples of Unit-Specific "High/Extreme" Acuity

Memorial 2 ICU: SICU- General Surgical Intensive Care Unit • Hypothermia protocol patient for 24 hours • Active bleeding uncontrolled • Post partum (OB) in DIC x 24 hours • Prone • Direct admissions from the OR	***Memorial 2 ICU: CCU- General Medical Intensive Care Unit*** • Hypothermia protocol patient for 24 hours • Post partum (OB) in DIC x 24 hours • Prone • Unstable admission to unit
Memorial NICU: Neonatal Intensive Care Unit • Cooling protocol on baby • Nitric Oxide delivery • High Frequency Vent that's critical with drips • Bereavement / concentrated Family Support • Post Op for min of 4hrs • Laser Eye Surgery and Recovery • Retro/Transfer to Other Hospital • Any critical patient who requires multiple tests, interventions that would compromise care of another patient if assigned. • Family support for end-of-life decisions for extremely low-gestational-age infants	

Please see the attached supporting documents / sample screen shots to better understand how Optilink will be utilized to assign and monitor patient acuity.

Note: While Optilink go-live is pending, the system is being replicated on paper, with each ICU having its own rationale list. In that way, each ICU's nursing staff will participate in building the rationale list, check for validity, and present its findings and recommendations to the ICU Acuity Advisory Committee for inter-rater reliability and vetting.

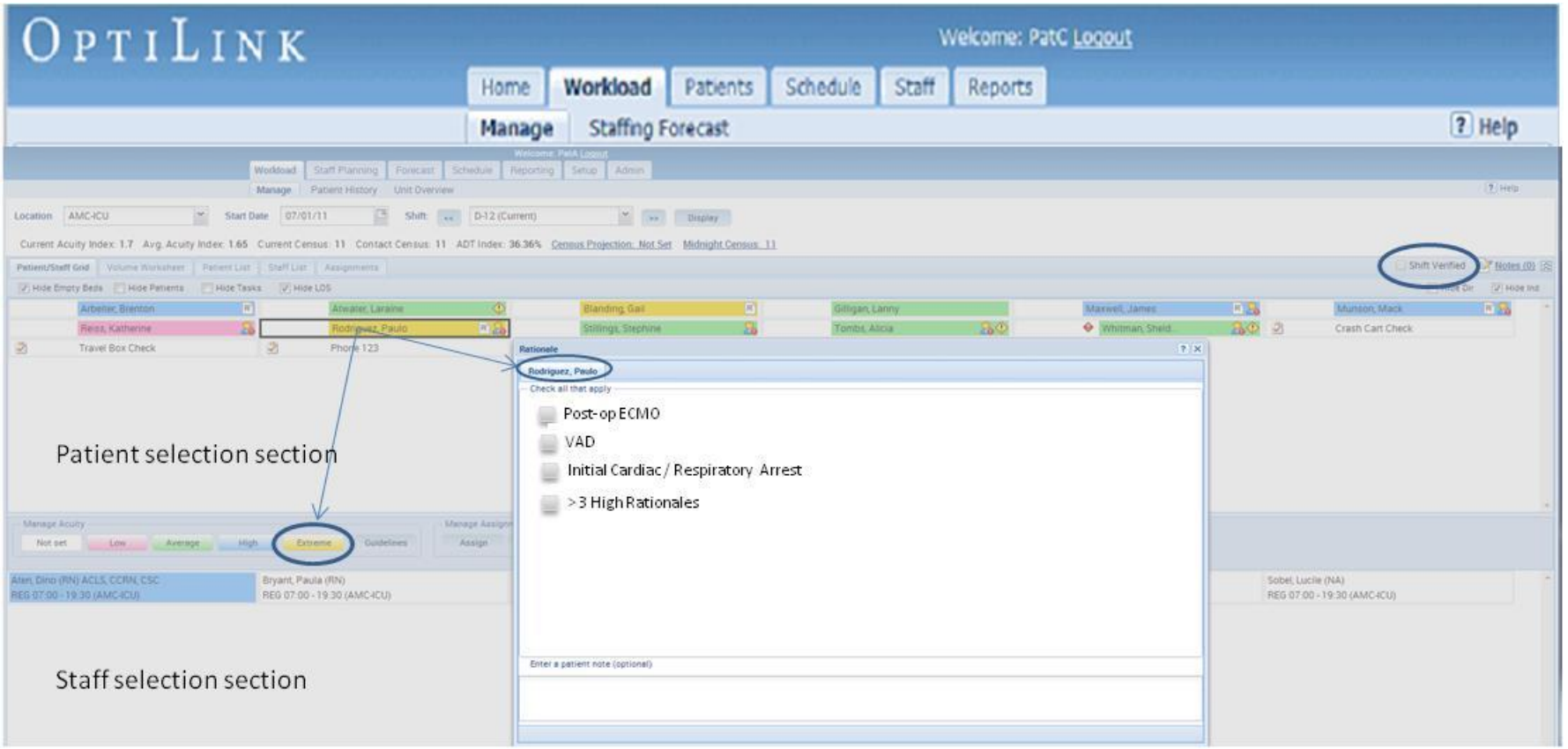


Sample of Rationales for High Acuity patients

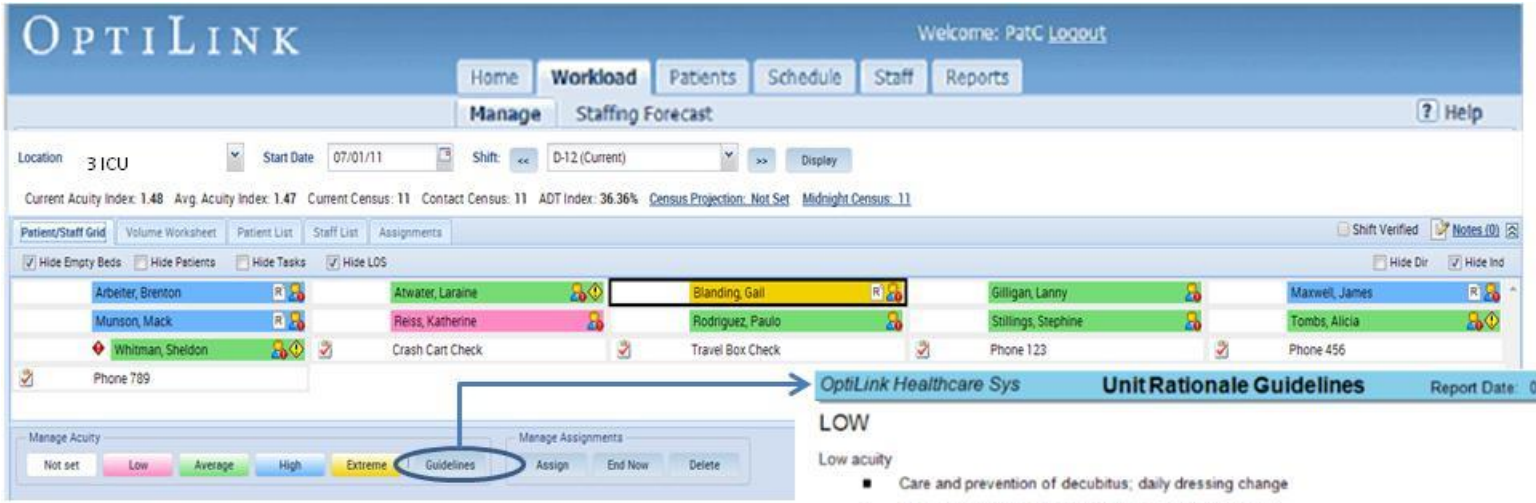
Rationales only required for High and Extreme patient classifications

Rationale choices are customizable and unit-specific

This screenshot is an *example* only: our list will be customized to our needs and required indicators



Sample screenshot for “Extreme” acuity



Under Manage Acuity, clicking on Guidelines will open a new window.

Guidelines contain scenarios for all levels of acuity, and serve as reference material for RNs who work multiple areas and may not be familiar with a specific unit's acuity criteria, or for those new to Optilink.

OptiLink Healthcare Sys **Unit Rationale Guidelines** Report Date: 01/12/16 05:17

LOW

Low acuity

- Care and prevention of decubitus; daily dressing change
- Hemodynamically stable/waiting for lower level of care
- Independent with ADL's
- No treatment greater than every 4 hours (simple dressing change, chest tube, trach care)
- Stable pumonary HTN
- VS q4 Hr.

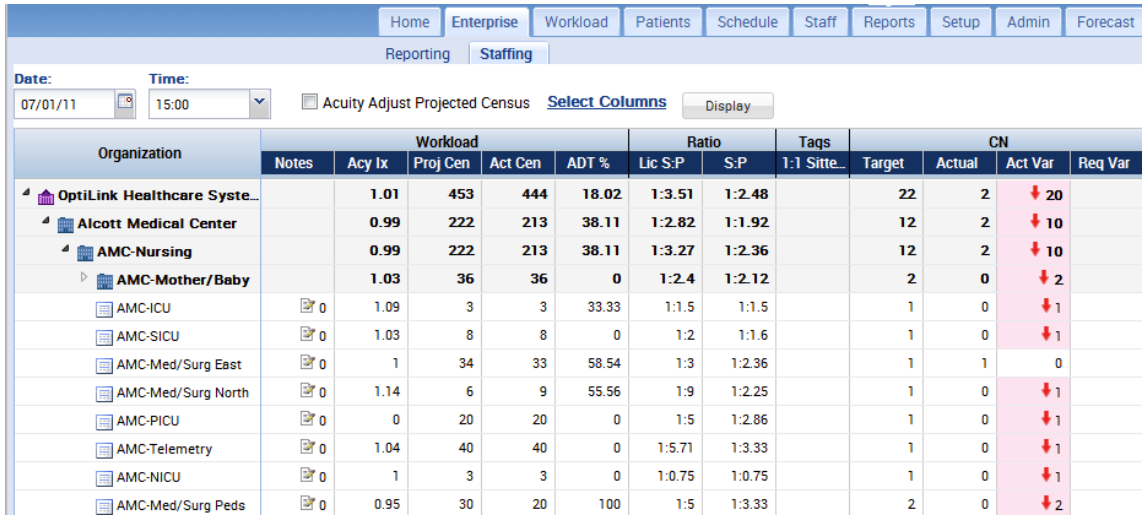
AVERAGE

Average acuity

- Arrythmia intervention less than 2 x per shift
- Blood products up to 3 units per shift
- Cardiac Output Monitoring (Swan Ganz)
- CIWA scale greater than or equal to 20 points
- Dialysis, Plasmaphoresis, CAPD (requiring frequent labs and VS)
- End of Life/Palliative Care/Family coping
- Established mobility x1 assist
- Intravenenous replacement of large fluid losses
- Off unit procedures (less than 2 hours)
- Patients requiring frequent labs/interventions (including but not limited to: Sepsis, STEMI, ICH, Seizures, POCT)
- Recovery less than 2 hours; stable IABP, VAD, GIB, CVVH, DKA
- Stable VAD: weaning to remove, ready for transfer or readmission
- Titrating multiple drips (greater than every 2 hours); Titrating of vasoactive drugs
- Uncontrolled Pain/PCA pump requiring up to 6 interventions/ shift
- Ventilator dependant patient requiring care of artifical airway and/or frequent suctioning/mobility

Sample of Acuity Guidelines for Low / Average patients

OPTILINK Enterprise Staffing: Key Benefits



Organization	Notes	Workload Acy Ix	Proj Cen	Act Cen	ADT %	Ratio Lic S:P	S:P	Tags 1:1 Sitte...	CN Target	Actual	Act Var	Req Var
OptiLink Healthcare Syste...		1.01	453	444	18.02	1:3.51	1:2.48		22	2	↓ 20	
Alcott Medical Center		0.99	222	213	38.11	1:2.82	1:1.92		12	2	↓ 10	
AMC-Nursing		0.99	222	213	38.11	1:3.27	1:2.36		12	2	↓ 10	
AMC-Mother/Baby		1.03	36	36	0	1:2.4	1:2.12		2	0	↓ 2	
AMC-ICU	0	1.09	3	3	33.33	1:1.5	1:1.5		1	0	↓ 1	
AMC-SICU	0	1.03	8	8	0	1:2	1:1.6		1	0	↓ 1	
AMC-Med/Surg East	0	1	34	33	58.54	1:3	1:2.36		1	1	0	
AMC-Med/Surg North	0	1.14	6	9	55.56	1:9	1:2.25		1	0	↓ 1	
AMC-PICU	0	0	20	20	0	1:5	1:2.86		1	0	↓ 1	
AMC-Telemetry	0	1.04	40	40	0	1:5.71	1:3.33		1	0	↓ 1	
AMC-NICU	0	1	3	3	0	1:0.75	1:0.75		1	0	↓ 1	
AMC-Med/Surg Peds	0	0.95	30	20	100	1:5	1:3.33		2	0	↓ 2	

The Enterprise Staffing tool is an enterprise-wide "bird's eye" snapshot, allowing Nurse Staffing Coordinators or a Staffing Office to drill into the status of individual Facilities, Departments, Units or Service Lines.

Benefits:

- Gives visibility into the workload level, projected and actual census, and ADT churn.
- View staffing by role, for every unit – all in one place. Customize the view by selecting which columns to see.
- View units managing 1:1 Sitter needs through the use of patient tags.
- **Identify "requested variances" – where charge nurses have requested additional staff coverage, or have volunteered extra staff that could float for upcoming shifts.**
- **Easily compare target required staffing to the actual available staffing and the resulting variance(s) for each shift on each unit.**
- **Look at next shift's projected needs according to straight volumes or acuity-adjusted volumes.**
- **Acuity-adjusted staffing needs are transparent across the facility instead of being viewed in silos.**
- **View free-text notes from each unit to the reasons behind staffing changes or requests.**

OptiLink Utilization Dashboard : Data Entry Compliance

Unit	Classified Patients			Assigned Patients			Census Projections		
	# Class	Total	%	# Asgn	Total	%	Proj	Total	%
AMC-Med/Surg North	211	232	91%	227	232	98%	1	14	7%
AMC-Med/Surg South	209	232	90%	188	232	81%	0	14	0%
AMC-Tele East	338	338	100%	258	338	76%	0	21	0%
AMC-Tele West	319	319	100%	243	319	76%	0	21	0%
All Units	1,077	1,121	96%	916	1,121	82%	1	70	1%

Does the total unit compliance meet or exceed 95% for the following fields?

- Classifying Patients
- Assigned Patients
- Census Projections

OptiLink Utilization Dashboard : Acuity Distribution Compliance

Acuity Ix	ADT Ix	Acuity Distribution
1.05	52.49%	L: 12% A: 66% H: 17% E: 5%
1.05	52.49%	L: 11% A: 69% H: 16% E: 4%
1.01	56.57%	L: 9% A: 80% H: 12% E: 0%
1.02	59.31%	L: 11% A: 75% H: 13% E: 1%
1.03	55.22%	

Over a 42 day or greater period, the expected distribution for Four Classification Levels should be as follows:

- **16% Low,**
- **66% Med,**
- **16% High,**
- **2% Ext**

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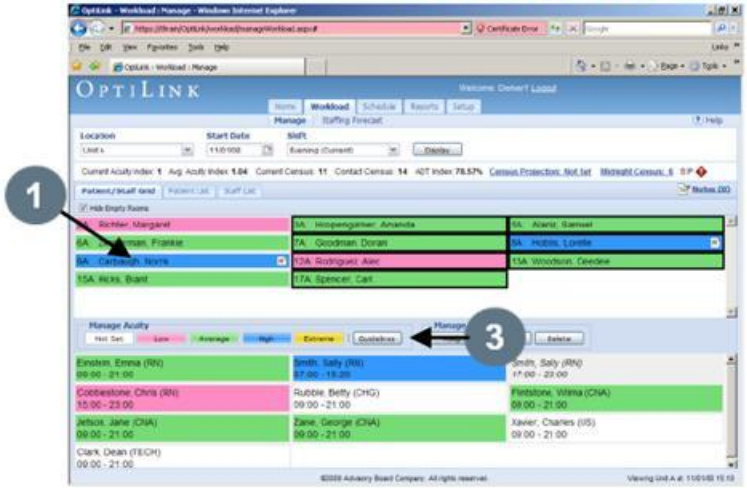
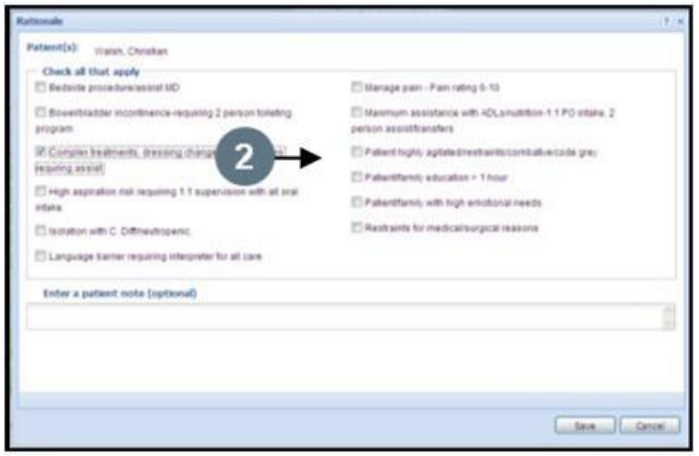
Homepage

1. The **Acuity Distribution Tile** provides acuity-based information at a quick glance. This tile summarizes information over the past 30 days, including the current day.
2. The **Patient List Tile** is designed for quick access to the patients on a unit. It has similar functionality to the Patient List of the Workload > Manage screen.
3. The **Staff List Tile** lists all staff who are scheduled to work on the current unit during the current shift.

Workload→ Manage





1. To Assign an Acuity Level in Grid View:

A. Click to select the patient. To select multiple patients, hold the CTRL key and click to select additional patients.

B. Click the appropriate acuity from the color-coded acuity buttons located below the patient grid.

2. To Add a Rationale in Support of an Assigned Acuity:

Depending on the unit's configuration, a rationale pop-up window may appear for certain acuity levels. When the rationale pop-up window appears, a rationale for the selected acuity is required before the acuity can be applied. To select a rationale:

A. Click the checkbox next to the applicable rationale(s).

B. Click Save.

3. To View Unit Rationale Guidelines:

A. Click Guidelines button located below the patient grid.

Patient List

Shows all contacts for the current shift, including patients that have left the unit.

To Assign an Acuity Level to Patient in List View:

A. Click the acuity field for the desired patient.
B. Click the appropriate acuity from the drop-down list.
C. The patient's acuity will update in real-time.

Help Menu

The OptiLink Help system is designed to give users quick information about common processes within the software, as well as insight into how the system works, calculations that are used, and what the various screens are used for.

1. To Access the Help Menu:

A. Click on the "?" in the top right corner
B. A new window will appear with context specific help

2. How-To Sections:

The How-To sections contain descriptions for the various processes that can be done within that page; including step-by-step directions.

3. What Is Sections:

The What Is sections contain topics on things that aren't processes, but still need explanation. The What Is sections generally work like expanded glossary definitions; including helpful calculations.

4. Legends:

The Legends are visual keys to queues on the various screens within OptiLink Plus; including legends and color shading.

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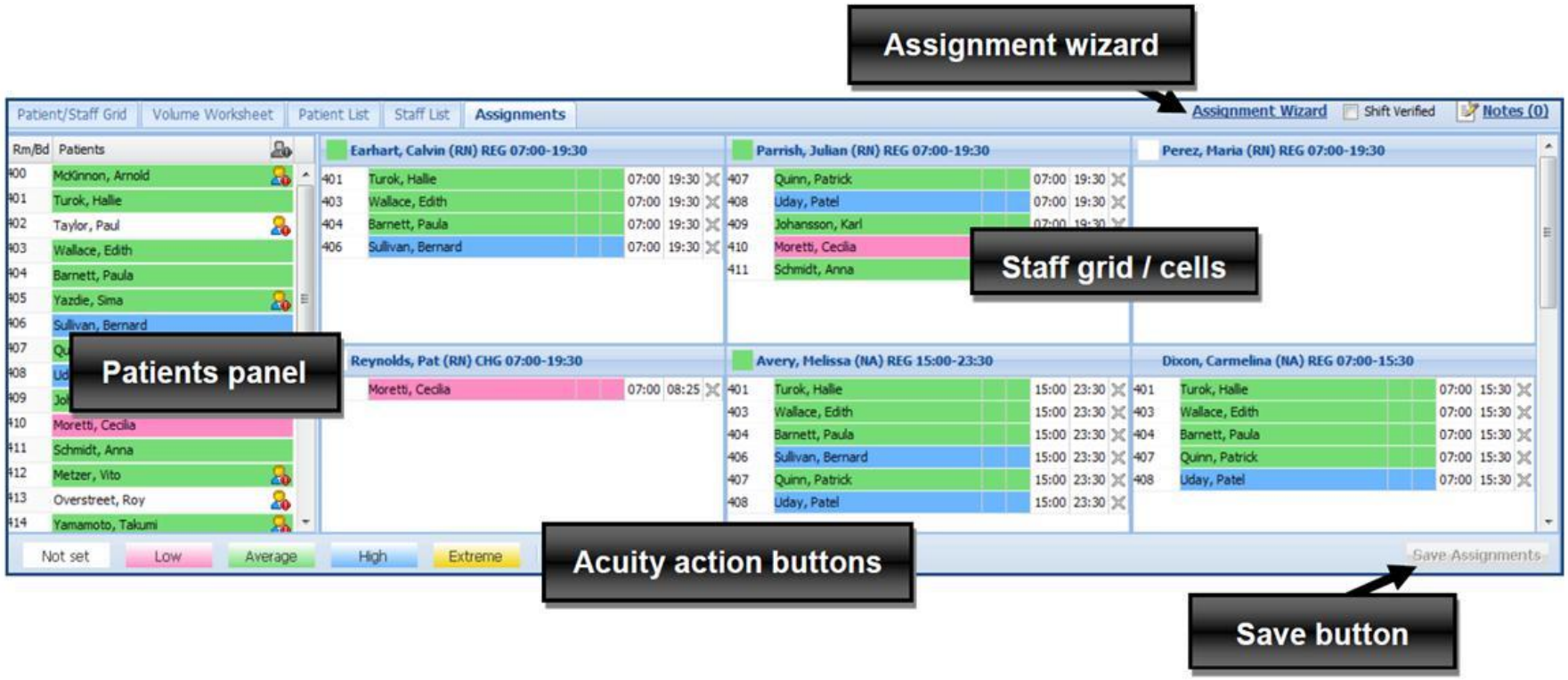
QUICK REFERENCE GUIDE: THE ASSIGNMENTS SCREEN

The Assignments screen gives users a holistic view of the patients assigned to each staff member, offers another location for classifying patients, and provides an additional option (drag-and-drop) for assigning patients and tasks.



To classify patients:

- Select the patient(s) in the Patients panel. (Use the Ctrl-key to select multiple patients with the same acuity level.)
- Press the appropriate acuity action button. If prompted, select the reason(s) for the classification.

To assign a patient:

- Select the patient in the Patients panel. (Use the Ctrl-key to select multiple patients to be assigned to a staff member.)
- Hold down the left mouse button and "drag" the selected patient to the appropriate staff cell. Once the selected patient is positioned in the cell, release the mouse button to "drop" the patient.
- Notice that the assignment alerts on the patient in the staff grid and in the Patients panel are grayed out. This indicates that the assignment has not yet been saved. Click the Save Assignments button in the bottom right corner of the screen to save the assignment.

To change an assignment:

- Click on the patient in the cell of the staff member currently assigned to that patient.
- Hold down the left mouse button and "drag" the patient to the cell associated with the staff member you wish to assign to the patient.
- Release the mouse button to "drop" the patient.
- Click the Save Assignments button in the bottom right corner of the screen to save the change.

To delete an assignment:

- In the staff cell, click the X at the right end of the patient's row.
- Click the Save Assignments button in the bottom right corner of the screen to save the deleted assignment.

To co-assign a patient:

- Select the patient in the Patients panel. (Use the Ctrl-key to select multiple patients to be co-assigned.)
- Hold down the left mouse button and "drag" the selected patient to the first staff member's cell. Once the selected patient is positioned in the cell, release the mouse button to "drop" the patient.
- Select that patient again in the Patients panel. Click, drag, and drop the patient in the second staff member's cell. (Do not drag the patient from the first staff member's cell, since this will remove the assignment from that staff member. Drag the patient from the Patients panel to the second staff member's cell to co-assign.)
- Notice that the assignment alerts on the patient in the staff grid and in the Patients panel are grayed out. This indicates that the assignment has not yet been saved. Click the Save Assignments button in the bottom right corner of the screen to save the assignment.

To transfer a patient:

- On the patient's row in the cell associated with the staff member currently assigned to that patient, click in the end time field, type in the time the assignment was transferred, and click outside of the cell to enter the time.
- Select that patient again in the Patients panel (not in the staff member's cell). Click, drag, and drop the patient in the second staff member's cell.
- Click in the start time field on the patient's row, type the time the assignment was transferred and click outside of the cell to enter the time.
- Click the Save Assignments button in the bottom right corner of the screen to save the transfer.

THE ASSIGNMENT WIZARD

The Assignments screen now features an Assignment Wizard for proposing assignments based on continuity of care and/or workload optimization.

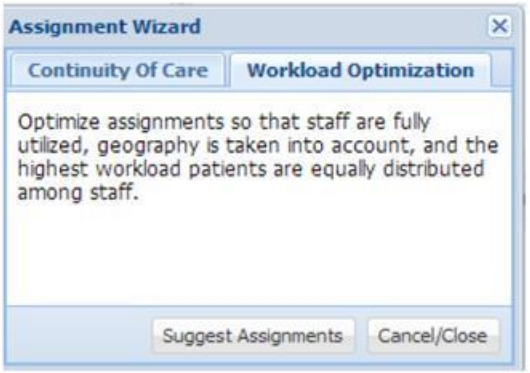
Continuity of Care Tab

Used to create an assignment based on the last licensed caregiver for the patient

- Click the Assignment Wizard link at the top right of the screen.
- Click on the Continuity of Care Tab.
- On the pop-up screen, select 24 hours, 36 hours, or 48 hours, depending on how far back you want suggested assignments to be based. (The wizard will propose the assignment for the most recent licensed caregiver within the current patient stay.) Click the Suggest Assignments button.
- The suggested assignments are marked with a computer icon to indicate that they are based an assignment wizard.
- Make any changes necessary, and then click the Save Assignments button in the bottom right corner of the screen to save the displayed assignments.

Workload Optimization Tab

Used to create assign the patient population based on geography, patient acuity, and staff workload



- Click the Assignment Wizard link at the top right of the screen.
- On the Workload Optimization Tab, click the Suggest Assignments button.
- The suggested assignments are marked with a computer icon to indicate that they are based on an assignment wizard.
- Make any changes necessary, and then click the Save Assignments button in the bottom right corner of the screen to save the displayed assignments.

Note: To use both features, first create assignments using the Continuity of Care wizard. Then assign the remaining patients using the Workload Optimization wizard.

TIPS FOR MANAGERS TO ENSURE OPTILINK COMPLIANCE

Q. How can I verify that all information is being entered into OptiLink on a shift-by-shift basis?

A. Log into OptiLink and navigate to the Workload screen:

- Verify that all "acuity-not-updated" and "no-licensed-assignment" alerts have been cleared. (Navigate to the *Patient List* or *Assignments* tab to ensure that any discharged patients have also been classified and assigned.)
- Check the *Census Projection* link (in the Statistics bar) to ensure that the anticipated census for the start of next shift has been recorded.

Q. How can I see how busy a particular shift was?

A. Run the Patient Assignments report for that shift, with the Summary section included, and note the following workload measurements:

- The acuity index
- The patient throughput (ADT index; admissions and discharges)
- The patient-to-staff assignments

Q. How can I check that my nurses are classifying their patients appropriately?

A. Run the Unit Profile report for a chosen date range. (Note: Although it is generally recommended that you review acuity distribution for a date range of six weeks or more, viewing it for a shorter period of time during the implementation process can allow you to identify skewing earlier and course correct sooner.)

- Check the acuity distribution graph to ensure that the majority of the patients are being classified as Average, that there is a fairly even distribution of Low- and High-acuity patients, and that the percentage of Extreme-acuity patients is 2% or less.
- To monitor how patients are being classified by shift, review the Workload Distribution section.

Q. It seems like too many patients are being classified as High or Extreme. Why is this happening?

A. Run the Classification Reason Usage report to see if a particular rationale is being overused. If so, consider whether it should it be worded differently, or moved into a lower-acuity range. Alternatively, you may wish to pull patient charts to validate OptiLink acuities.

Q. How can I verify that all information is being entered into OptiLink over a particular date range?

A. Run the Utilization Dashboard report for that date range for a single or multiple units.

- In the *Classified Patients* column, make sure that an acuity has been recorded for all patients. (Note: If your unit has configured patients to flow into OptiLink with a default acuity and/or roll acuities from one shift to another, the percentage total will always be equal or close to 100% and cannot be used as a compliance measure.)
- In the *Assigned Patients* column, check to see if the percentage of unassigned patients is 100%. A percentage less than 100% indicates unassigned patients.
- In the *Census Projection* column, verify that the percentage is 100%. If the percentage is less than 100%, then projections have not been entered for all shifts.

Note: If the totals in the Utilization Dashboard report indicate that information is not being entered, you may wish to run the Unit Profile report for a specific unit and check the Workload Distribution section of that report. This section provides similar information, but reports the information by shift so that you can more easily identify which staff members may need closer monitoring.

UMassMemorial
Medical Center

To: Eric Sheehan, JD, Interim Director
Bureau of Health Care Safety and Quality

From: Shawn Cody, PhD, MSN, MBA, RN, Associate Chief Nursing Officer
University of Massachusetts Medical Center

Date: February 24, 2016

Re: Acuity Tool Submission for Intensive Care Unit Registered Nurse Staffing

Thank you for your follow up questions regarding our acuity tool and the opportunity to respond to them on behalf of both hospitals (University and Memorial). The following addresses your questions:

1. The hospital organization has intensive care units that are located at two separate addresses and have separate facility identification numbers. An individual acuity tool must be submitted under each of the appropriate facility identification numbers.
    - We will submit two separate acuity tool approval applications

2. The acuity tool does not specify a method for scoring the defined set of indicators or how it will be used to calculate the number of nurses or nursing hours required to care for the patient. How do low, medium, high or extreme translate to nurse staffing hours?
    - This is addressed under Section II: Methodology for Scoring Acuity:

    Calculation of nursing hours per shift are as follows: low and medium patients receive 6 nurse staffing hours per 12 hour shift, high acuity patients receive 12 nurse staffing hours per 12 hour shift and extreme patients receive 24 nurse staffing hours per 12 hour shift. Again, the Optilink Acuity tool does not use a "point" system to determine patient acuity.

3. The acuity tool explanation does not describe how the charge nurse interfaces with staff nurses to ensure knowledge of each patient's acuity.
    - This is addressed under Section II: Methodology for Scoring Acuity:

    The charge RN is a staff nurse who does not take a patient assignment while in the role of charge, but assists with care where necessary. Charge RNs receive report from the staff RNs during the course of the shift and at the change of shift and then assign the patient acuity into the system. The clinical and psychosocial situation(s) that best describe the patient's condition at the time of evaluation in the expert opinion of the RN who most recently cared for the patient is how acuity is assigned.

This, then, serves as the documentation / justification for adjusting the staffing as needed to meet the needs of the patient and to support the clinical judgment of the RN. It is the nurses, in consultation with their charge nurses, and managers, clinical coordinators, and/or educators as needed, who determine the most appropriate patient-specific acuity level resulting in a mutually agreed upon accurate nursing workload

4. The acuity tool explanation does not specify how frequently acuity assessments are performed.
    - This is addressed under Section II: Methodology for Scoring Acuity:

    Patient acuity will be assessed upon admission, at the change of every shift, and with more frequency within a shift if a patient condition changes or becomes unstable. Acuity is reviewed by the charge nurses in conjunction with the staff nurses every shift. However, acuity adjustments can occur with any frequency needed during the shift as the patient condition warrants in the judgment of the nurse caring for the patient. To ensure that acuities are indeed reviewed, a "shift verified" checkbox appears on the screen to alert the charge nurse and the manager that acuity has indeed been reviewed for that shift.