

Guideline for Statistical Data Collection when Service is Provided to Other Functional Centres

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Approved by the
Provincial MIS Data Quality and Reporting MIS Committee
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Purpose

The purpose of this guideline is to provide guidance for various therapeutic disciplines in the accurate collection of statistics when staff assigned to one functional centre provide services to other functional centres on a regular or ad hoc basis.

Background

The MIS Standards support a matching principle of reporting statistical information within the same period as the associated revenues and expenses to enable the calculation of accurate cost indicators. The Standards also require financial and statistical data (e.g. worked hours, caseload, activity and workload data) related to a specific service to be reported in the functional centre that provided the service.

Applying these principles can be challenging in the following situations:

1. Clinicians assigned to one functional centre and provide coverage to another functional centre.
2. Clinicians provide distance supervision to support staff in another functional centre.

According to the Standards, staff should be charged out to the functional centre where the service was provided. This can be achieved through a set up in the payroll system or by allocation (at month or year-end) of the portion of the clinicians hours/expenses to the functional centre where service was provided. Statistics related to the service provided can then be associated with the worked hours and expenses.

The MIS Standards also recognizes the concept of materiality. In many situations the amount of time worked in another functional centre is not deemed material and the resources required to charge out or allocate staff are not feasible.

All statistics should be reported using the applicable categories of service recipient. This ensures the data associated with each category of service recipient (inpatient, client-hospital, resident, etc) can be readily identified. This is particularly relevant and beneficial when the worked hours of staff providing service to other functional centres are not charged out.

Reporting Guideline

When staff provide service to other functional centres, where practical, their time should be allocated out to the consuming functional centre. This would ensure that the workload, service activity and caseload status statistics collected match the worked hours and are attributed to the functional centre where the work was performed.

If the work is provided on a regularly scheduled basis, the hours of the staff should be charged to each applicable functional centre. E.g. a dietician providing half time service to two long term care centres should be assigned as a 0.5 FTE to the Clinical Nutrition functional centre of each facility. Statistics should be collected and reported separately for the work done at each site.

When the amount of time is deemed not material, workload, service activity and caseload status statistics should be reported in the functional centre(s) where the worked hours are reported; this would ensure that worked hours and statistics are reported in the same functional centre.

Recording Examples

1. A physiotherapist from the long-term care (LTC) physiotherapy functional centre provides weekend coverage once a month for the hospital physiotherapy functional centre. The statistics related to the weekend coverage should be reported as follows:

Statistic	LTC Physiotherapy Functional Centre	Hospital Physiotherapy Functional Centre
Worked Hours	✓	
Caseload (New Referrals/Active Carryovers)	✓	
Activity (Attendance Days)	✓	
Workload (Workload units)	✓	

By recording the caseload, activity and workload data by category of service recipient, statistics related to the work provided to residents in the LTC setting can easily be distinguished from the service provided to hospital inpatients. If the service recipient is seen for the first time by a therapist from the LTC centre, the therapist will collect a new referral. If this service recipient is subsequently seen by the hospital physiotherapist, and it is the first time that functional centre has provided service to that person, the therapist will also collect a new referral.

2. A rural facility has an occupational therapy (OT) functional centre with an occupational therapy support worker (OTSW). The occupational therapist from the regional hospital travels to the rural facility to assess three new referrals for service, with the assistance of the OTSW. The statistics for that day would be recorded as:

Statistic	Rural OT Functional Centre	Regional Hospital OT Functional Centre
Worked Hours of the OTSW	✓	
Worked Hours of the OT		✓
Caseload (New Referrals/Active Carryovers)	✓ 3 New Referrals	✓ 3 New Referrals
Activity (Attendance Days)	✓ 3 Attendance Days	✓ 3 Attendance Days
Workload (Workload units)	✓	✓

Note: The statistics reflect the caseload, activity and workload of a service recipient who is receiving services from both functional centres.

QUESTIONS?

If you have any questions, please contact:

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