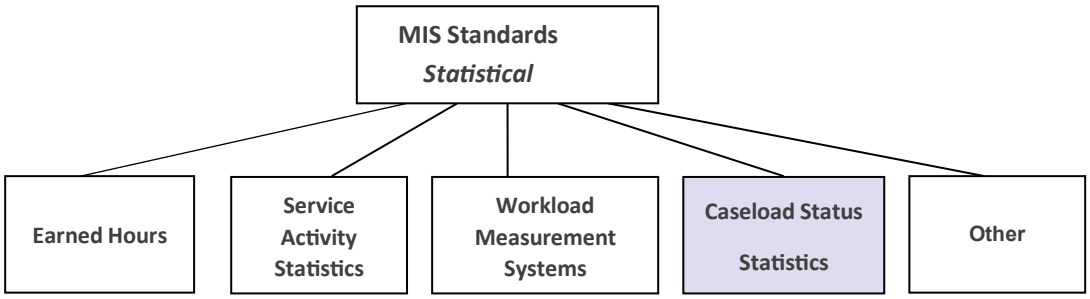
NL Health Services

# Nursing and the MIS Standards *Fact Sheet*

March 2023




## Caseload Status Statistics

Caseload status statistics are captured in nursing functional centres (cost centres/budget accounts for units, clinics, programs, etc.) providing inpatient, resident, and client care. Together with Service Activity Statistics, they identify the volume of activities that are provided to or on behalf of specific service recipients. Caseload status statistics supplement workload information by enabling clinicians/managers to identify utilization of services by specific groups of service recipients and the resources required to support that service.

The requirements for the collection and reporting of Caseload Status Statistics are based on the Standards for Management Information Systems in Canadian Health Service Organizations (The MIS Standards, ©2022, the Canadian Institute for Health Information, Ottawa, Canada). These national standards tell us what data to collect and report for each type of service, and how to use that data.

## The Facts

Each nursing unit/clinic/area should collect and report the caseload status statistics that apply to that specific area.

- Nursing Inpatient Services (excluding Operating Rooms and Post Anesthetic Recovery Rooms) collect:

**Inpatient Admissions** is the official acceptance into the health service organization of an adult/child/newborn/postnatal newborn, who requires medical and/or health services on a time limited basis. The admission procedure involves the assignment of a bed, bassinet or incubator. Admission of a newborn is deemed to occur at the time of birth, or in the case of postnatal newborns, at the time of admission of the mother to the health service organization.

**Inpatient Discharges** is the official departure of live inpatients from the health service organization. Discharge of a newborn is deemed to occur at the time of official release from the health service organization.

**Inpatient Deaths** is the official separation of inpatients deemed deceased after admission and before discharge from a health service organization. Inpatient deaths do not include stillbirths.

**Inpatient Transfers** is the transfer of inpatients within a health service organization from the care and responsibility of one functional centre to that of another functional centre subsequent to admission and prior to discharge.

**NOTE**: When a bed is not available on a nursing unit, and patients are admitted to Emergency overflow beds, Admissions, Discharges, Deaths and Transfers In and Out are collected. *Only a small number of these caseload status statistics should be reported by the Emergency Departments.*

The Obstetrical Suite (Labour and Delivery) does not have designated beds for admissions. Instead, pregnant mothers are admitted to overflow beds and each admission and transfer in is counted as an *Obstetric Visit Inpatient*.

- Labour and Delivery Services collect:

**Facility Live Births** are the complete extractions or expulsions from the mother of a product of conception, in which after such expulsion or extraction, there is breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle, whether or not the umbilical cord has been cut or the placenta attached.

**Stillbirths** are the complete extractions or expulsions from the mother of a product of conception weighing 500 grams or more in which after such expulsion or extraction, there is no breathing, beating of the heart, pulsation of the umbilical cord, or unmistakable movement of voluntary muscle.

- Long Term Residential Units collect:

**Resident Admissions** is the official acceptance into a health service organization of an individual who requires medical, health and/or residential services on a longer-term basis. The admission process involves the assignment of a bed and a unique identifier to record and track services.

**Resident Discharges** – the official discharge of live residents from a health service organization.

**Resident Deaths** – the official separation of residents deemed deceased, after admission and before discharge from a health service organization.

**Resident Transfers** are the transfer of residents within a health service organization from the care and responsibility of one functional centre to that of another functional centre subsequent to admission and prior to discharge.

- Ambulatory and Community Services (eg. Diabetes Specialty Day/Night Care, Oncology Specialty Day/Night Care, Community Nursing, Nurse Practitioners) collect:

**New Referrals** are the service recipients, registered with a functional centre during the current month (or 28-day accounting period), who received services and who had not received services from the functional centre in a prior month (or 28-day accounting period).

**Active Carryovers** are the registered service recipients who were new referrals in a prior month (28-day accounting period) and who received services from the functional centre during the current month (28-day accounting period).

***Note:*** *These 2 statistics make up the* ***Active Caseload*** *(number of active service recipients) of the functional centre for the month.*

*Active Caseload = number of new referrals + number of active carryovers*

- Caseload Status Statistics are reported separately for each Category of Service Recipient i.e. Inpatients, Residents, Clients, and Facility/ Organization. This allows managers/ clinicians to measure utilization of services for these groups.

- A service recipient is either a New Referral **or** an Active Carryover during the month, ***not both,*** *unless the person's status changes.*

Eg. If an individual who has been seen as a New Referral in an ambulatory care setting during the month *changes status*, is admitted and seen as an inpatient by a clinician from the same functional centre in the same month, then a New Referral-Client Hospital and a New Referral-Inpatient is collected and reported for that person for the month.

- If a service recipient is seen by **two** service providers from the *same functional centre* during the same month, **only one** New Referral or Active Carryover should be recorded for that service recipient that month.
- For ***inpatients or residents***, only one new referral should be counted per admission, *even if services are interrupted or temporarily discontinued during the admission.*
- For ***client hospital***, only one new referral should be counted for the time interval during which the client's file remains open and the client receives services.
- A service recipient's file is closed when services are terminated and/or interventions are no longer necessary or effective, or a calendar year has elapsed since the individual last received services.
- An individual must have received services during a month, in order to record a new referral or active carryover for that month – *wait listed individuals are not included*.
- Caseload status statistics such as *Admissions, Discharges, Deaths and Transfers In and Out* are obtained from the Meditech Admission/ Discharge /Transfer module in most sites.
- Mental health and addictions residential treatment centres collect and report resident admissions, resident discharges, resident days, resident transfer's and resident deaths.
- Many of the caseload status statistics that will be collected in Community Services are the same as those collected in institutional settings. The CRMS Documentation Standards and Statistical Reporting Working Groups review the national reporting requirements and develop *additional* provincial statistics for all community based programs and services.

**Manager's responsibilities**:

- Ensure the accurate collection and reporting of the appropriate caseload status statistics by functional centre and by category of service recipient.
- Provide on-going feedback to staff on the collection/use of statistics
- Provide leadership/implementation
- Ensure data quality; investigate sources of inconsistent data
- Ensure that ongoing maintenance/monitoring is taking place
- Use the data to support decision-making
- Liaise with MIS coordinators/IT Support

**Unit Producing Staff responsibilities**:

- Record/capture data accurately to quantify services provided
- Accurately measure the resource requirements of their patients/clients
- Understand the caseload status statistics–both recording and interpreting of results
- Share knowledge with new staff

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**Troubleshooting Tips**

**Problem:** Inaccurate Transfers In and Out being reported

**Probable Causes:**

Transfers from 'bed to bed' within a nursing unit are captured and included, in addition to transfers in and out of nursing units, resulting in inaccurate transfer counts.

**Solution:** Transfers should only be counted when inpatients are moved from unit to unit and not bed to bed within the same unit.

## Did you know?

- Inpatient/Resident Transfers In and Out is the statistic which is most often missing or inaccurate in Nursing Inpatient/Resident services caseload status statistical reporting to the provincial MIS database.
- Active Carryovers are non-cumulative statistics. They are reported monthly, but *cannot be added together for an accurate yearly total*.
- More detailed caseload status statistical collecting/reporting requirements and definitions can be found in the 'MIS Standard & Workload Measurement System and Statistical Data Collection Reference Guide for Nursing'.

- A Provincial Data Quality and Reporting MIS Committee exists to address application of the MIS Standards, data quality issues, and monitoring of reporting within the province. Each zone is represented, as well as the DHCS and Digital Health.
- A Provincial Health Information Services MIS Committee exists to address application of the MIS Standards, data quality issues, and monitoring of reporting of coding, registration and health records services within the province. Each zone is represented, as well as Digital Health.
- A provincial discipline-specific MIS contact list is maintained by Digital Health (the Newfoundland and Labrador Centre for Health Information) to facilitate education and information sharing regarding MIS Standards. It is comprised of zone representatives and MIS Standards Consultants from Digital Health.
- MIS information is used by the MIS staff of Digital Health and by Financial Information Services at the DHCS. This data is used to answer requests from the zones and other divisions within the DHCS, to verify report results from the Canadian Institute for Health Information (CIHI) and to provide indicator reports and data quality reports to provincial users.
- Performance Indicator Reports linking the financial and statistical information can be produced from this data. All reports must be requested either through the Information Request at Digital Health (Information Requests @ *InfoRequests@nlchi.nl.ca*) or the Financial Information Services division at the DHCS.
- Digital Health's MIS Standards Consultants provide educational workshops, consultation and assistance with information analysis. Further information is available on Digital Health's website at www.nlchi.nl.ca

- CIHI supports and maintains the MIS Standards and offers educational support for the Standards through e-learning programs and instructor-lead workshops. Further information is available on CIHI's website at www.cihi.ca.

## Help us help you

Has this Fact Sheet been helpful in raising your awareness of the MIS Standards? Do you have other suggestions as to how we can increase your knowledge of the MIS Standards and/or utilization of financial and statistical information? Please send your comments and/or questions to Jennifer Guy at jenniferl.guy@nlchi.nl.ca or Marie Strang at marie.strang@nlchi.nl.ca.

## Future Editions

Future editions of "Nursing and the MIS Standards Fact Sheet" will be released and each edition will focus on a different aspect of the MIS Standards as they relate to Nursing.

## About Digital Health (the former Centre for Health Information)

The Centre was established by the Government of Newfoundland and Labrador to provide quality information to health professionals, the public, and health system decision-makers. Through collaboration with the health system, the Centre supports the development of standards and maintains key health databases, prepares and distributes health reports, and supports and carries out applied health research and evaluations. The Centre's mandate also includes the development of a confidential and secure Health Information Network that will serve as the foundation for the provincial Electronic Health Record.