NL Health Services

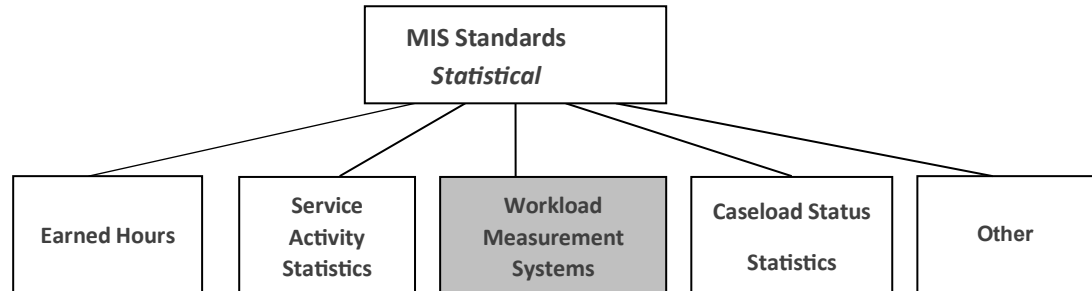**The MIS Standards**

Fact Sheet for

Audiology, Clinical Nutrition, Occupational Therapy, Physiotherapy, Psychology, Social Work, Speech Language Pathology, Therapeutic Recreation , Clinical Pharmacy, Respiratory and Perfusion Services.

March 2023

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                    │  MIS Standards   │
                    │   Statistical    │
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│ Earned │ │Service │ │ Workload │ │ Caseload │ │ Other  │
│ Hours  │ │Activity│ │Measurement│ │ Status  │ │        │
│        │ │Statistics│ │ Systems │ │Statistics│ │        │
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Workload Management System (WMS)

Therapeutic services are responsible for a significant portion of a health care organization's operating expenses. Each organization requires evidence to support its use of these resources.

A WMS is a management tool that can be used to reflect resource utilization. The requirements for the collection and reporting of workload are based on the Standards for Management Information Systems in Canadian Health Service Organizations (The MIS Standards, ©2023, the Canadian Institute for Health Information, Ottawa, Canada). These national standards tell us what data to collect, how to group and process the data and how to analyze use that data to support decision making and accountability.

The WMS has a conceptual model which divides workload into two categories:

- Service recipient activity (direct patient care or service)

- Non-service recipient activity (all other activities)

Service recipient activity is further divided into three categories:

- Assessment

- Therapeutic Intervention

- Consultation/Collaboration

Non-service recipient activity is further divided into four categories:

- Functional Centre Activities

- Organization/Professional

- Teaching/In-Service

- Research

The Facts

- The WMS records workload retrospectively (care you actually provided, not what you predicted your patient would need).

- Professional staff and therapy-support staff (e.g. assistants and aides) providing care are considered Unit-Producing Personnel (UPP), and as such are required to collect and report workload during paid working hours.

- The effectiveness of any WMS depends on the knowledge and understanding of the system by both management and frontline staff.

- WMS does not measure the quality of care or service provided. They measure the amount of time spent providing the service and time spent in various related activities such as committee meetings and in-service.

- WMS are not designed to capture 100% of a staff member's time; 80-85 percent is realistic (no workload is collected for coffee breaks, unpaid hours etc.).

- **Worked productivity** includes the portion of worked time spent providing service recipient activities (patient care). **Total productivity** includes the portion of worked time spent in providing both service and non service recipient activities (non patient care). Total Productivity of greater than 100% is indicative of skewed data, e.g. workload recorded for non-paid hours.

- Workload data is used for staffing, planning, budgeting, monitoring and evaluating services provided.

- While there are several ways time spent in various activities can be measured, Therapeutic services in our province record the actual time spent usually rounded to the nearest 5 minute mark.

- Workload can be collected manually, electronically or a combination of both.

- Workload can be collected provider-specific or patient-specific. Therapeutic services collect provider-specific.

Successful implementation, maintenance and use of a WMS is a shared responsibility.

Manager's responsibilities:

- Ensure the accurate collection and reporting of the appropriate service activity 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 workload 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 WMS–both recording and interpreting of results

- Share knowledge with new staff

Troubleshooting Tips

1. Problem: Worked Productivity % of greater than 100%

Probable Causes:

- Worked hours not reported correctly (understated)

- Student workload included without associated worked hours

- Over recording/documentation (e.g. workload recorded for unpaid hours)

Solution: Educate the staff and manager about workload measurement.

$$\text{UPP Worked Productivity \%} = \frac{(\text{Service Recipient Workload Units}) \div 60}{\text{UPP Worked + Purchased Hours}} \times 100$$

Example: $\frac{120{,}000 \div 60}{1820} \times 100 = \frac{2000}{1820} \times 100 = 109\%$

2. Problem: Worked Productivity % lower than anticipated

Probable Causes:

- Under reporting/documentation

- Worked hours incorrectly recorded (overstated) i.e. staff attended an all-day education session and hours are recorded as regular hours instead of benefit hours

- Changes in service provided (acuity) i.e. patients require less care and staff have some "downtime"

- Increased travel time between zones (non-service recipient workload)

- Increased waiting time (waiting time is lost time and not counted as workload)

Solution: Ensure complete and timely recording of workload data. Ongoing monitoring is important to maintain quality and consistency.

$$\text{UPP Worked Productivity \%} = \frac{(\text{Service Recipient Workload Units}) \div 60}{\text{UPP Worked + Purchased Hours}} \times 100$$

Example: $\frac{50{,}000 \div 60}{1820} \times 100 = 47\%$

3. **Problem:** The workload recorded by staff member A is different than that recorded by staff member B.

Probable Causes:

This may not be a problem; all workload will not look the same. All staff will not work at the same pace or provide service to the same types of service recipients i.e. typically inpatients generate more workload than clients.

Solution: Educate the staff and manager about workload measurement.

Did you know?

- Lack of feedback is cited by frontline staff as the **number one** reason why they do not value the collection of workload statistics.

- Collection and reporting of workload is both a provincial and national requirement.

- Therapeutic services workload data has been collected for many years and the volume of workload data being reported to the Provincial MIS Database has steadily increased.

- NLs largest zone has a workload manager responsible for development and implementation of WMS. They provide assistance with interpretation and analysis of data as well as education to staff.

- 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 former Newfoundland and Labrador Centre for Health Information) to facilitate education and information sharing regarding MIS Standards. It is comprised of representatives from each zone 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.

- The MIS Standards Consultants at Digital Health 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 WMS and the MIS Standards? Do you have other suggestions as to how we can increase knowledge and use of WMS and other MIS data? 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 Therapeutic Services MIS Standards Fact Sheets will be released and each edition will focus on a different aspect of the MIS Standards as they relate to Therapeutic Services.

About Digital Health (the former Centre for Health Information)

The Centre was established to provide quality information to health professionals, the public, researchers and health system decision-makers. Through collaboration with the health system, the Centre supports the development of data and technical standards, maintains key health databases, prepares and distributes health reports, and supports and carries out applied health research and benefits evaluations. The Centre's mandate also includes the development and implementation of a confidential and secure provincial electronic health record, including the change management required to support adoption by end user clinician.