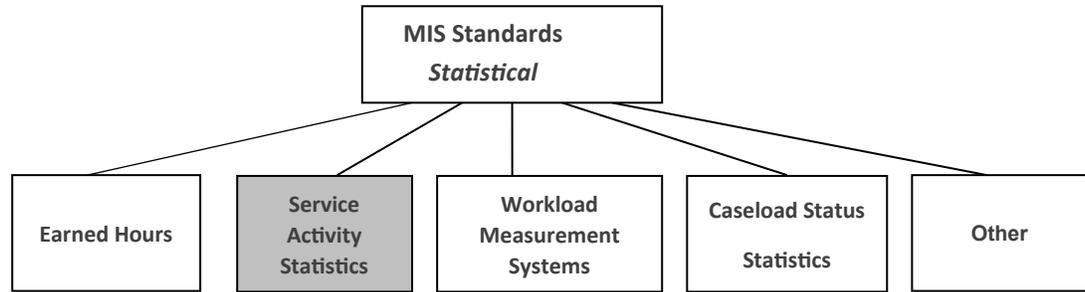


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Service Activity Statistics

Service Activity Statistics are captured in nursing functional centres FC (cost centres or budget account for units/clinics, programs, etc.) providing service recipient care. Together with Caseload Status Statistics, they identify the **volume of activities** that are provided to or on behalf of specific service recipients. Service Activity Statistics supplement workload information by enabling managers to identify the resources required for specific activities (i.e. how much nursing time is spent per inpatient/resident day, how many visits in an ambulatory clinic FC or how many attendance days and visits in a public health nursing FC).

The requirements for the collection and reporting of Service Activity Statistics are based 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, how to group and process the data and how to analyze and use the data to support decision making and accountability.

For MIS definitions please refer to “Service Activity Statistics Definition Supplement”

The Facts

- In most instances Service Activity Statistics are reported separately for each category of service recipient (SR). These categories are:
 - ◇ Inpatient (Adult/Child or Newborn)
 - ◇ Client Hospital
 - ◇ Resident
 - ◇ Client Community
 - ◇ Facility/Organization
 - ◇ Service Recipient Not Uniquely Identified
 - ◇ Client Home Care*



*Client Home Care is now required by *Type* of Service Recipient (MIS Standards 2019) for each applicable service activity statistic. The breakdown is as follows:

- ◇ Client Home Care—Acute
 - ◇ Client Home Care—Rehabilitation
 - ◇ Client Home Care—Maintenance
 - ◇ Client Home Care—Long-Term Supportive Care
 - ◇ Client Home Care—End-of-Life Care
- The capture of Service Activity Statistics by Category/Type of Service Recipient allows managers/clinicians to measure utilization of services by these groups.
 - Each nursing unit/clinic, etc. should collect and report the specific service activity statistics *that apply to their service provision*.
 - The minimum activity statistics required by our province that are pertinent to Nursing are as follows:

Inpatient/residential nursing units collect *as applicable*:

- ◇ Inpatient Day -Adult/Child
- ◇ Inpatient Day - Newborn
- ◇ Resident Day

Ambulatory care, public health and community nursing collect *as applicable*:

- ◇ Visit In Person by category of service recipient
- ◇ Visit Virtual by category of service recipient
- ◇ Visit In Person Client Hospital - ER Visit
- ◇ Visit Virtual Client Hospital - ER Visit
- ◇ Visit In Person Client Hospital - Clinic Visit
- ◇ Visit Virtual Client Hospital - Clinic Visit

And/or

- ◇ Attendance Days In Person by category of service recipient
- ◇ Attendance Days Virtual by category of service recipient



Obstetrical nursing services collect *as applicable*:

- ◇ Obstetrical Visit—Inpatient or Client Hospital
- ◇ Mothers Delivered

Surgical nursing services collect *as applicable*:

- ◇ Surgical Visit Inpatient -Surgical
- ◇ Surgical Visit Inpatient - GI Endoscopy
- ◇ Surgical Visit Client Hospital - Abstracted Day Surgery – Surgical
- ◇ Surgical Visit Client Hospital - Abstracted Day Surgery –Endoscopy
- ◇ Surgical Visit Same Day Admission-Abstracted Day Surgery
- ◇ Surgical Visit Client Hospital - Other—Surgical
- ◇ Surgical Visit Client Hospital - Other-GI Endoscopy
- ◇ Post Anesthetic Recovery Room Visit—Client Hospital or Inpatient
- ◇ Post-Anesthetic Recovery Room Visits– Same Day Admission
- ◇ Avoidable OR Cancellations (further detail required)
- ◇ Unavoidable OR Cancellations (further detail required)
- ◇ **GI Endoscopy Interventions*** Provincially required to collect this *staff activity statistic* to capture multiple interventions in one visit.

NOTE: If clients are registered in the surgical day care and prepped for surgery, *but the surgical procedure is performed in the main OR*, Surgical Day Care collects and reports a Visit In Person; the Operating Room collects and reports the Surgical Visit.

- Service Activity Statistics can be captured even if the patient/resident/client is not present. When services are provided to a significant other who are acting on behalf of or in the interest of, the patient/resident/client (such as parent, spouse/partner, child, legal guardian or substitute decision maker) then service activity statistics are collected. *Professionals such as teachers, lawyers or other health care professionals are not included as significant others.*
- Service Activity Statistics such as Inpatient/Resident Days are obtained from the Admissions/Discharge/Transfer module. Visits In Person may be obtained from the Admission/Registration module through the registration process *in some cases*. Often statistics are collected manually (i.e. Excel spreadsheet.) and forwarded to the person in the RHA responsible for reporting to the NL MIS database monthly.
- Multiple statistics are required for combined functional centres (such as combined OR/PARR FC or general combined care obstetrical unit). Service activity statistics should reflect all activity occurring in the functional centre.



Manager's responsibilities:

- Ensure the accurate collection and reporting of the appropriate service activity statistics by functional centre and by category of service recipient.
- Ensure data is of the highest quality and used to support decision-making.
- Investigate sources of inconsistent data
- Provide ongoing feedback to staff on the collection/use of statistics.
- Liaise with MIS coordinators/IT Support

Unit Producing Staff responsibilities:

- Accurately record those activity statistics that are not collected electronically i.e. Visit Virtual, Attendance Days.
- Understand the service activity statistics applicable to their area of work.
- Submit statistics by the organization's monthly deadline.
- Learn to use and interpret the data.
- Share knowledge with new staff.



Troubleshooting Tips

Problem: Visit Virtual not being collected and/or reported.

Probable Causes:

- Lack of a clear process for collecting and reporting Visit Virtual

Solution: Each facility should develop clearly defined methods for the collection and reporting of Visit Virtual (either manual or electronic).

- Lack of understanding by nursing staff regarding the significance of collecting, reporting and using the service activity statistic Visit Virtual.

Solution: Education should be provided to nursing staff to ensure understanding of the importance of collecting Visit Virtual.

Problem: Service Activity Statistics recorded but not reported.

Probable Causes:

- Service activity statistics captured manually and not accessible electronically to the organization's statistical general ledger for internal and external reporting.
- Lack of defined reporting process for manually collected statistics.

Solution: Each facility should develop clearly defined processes for the reporting of manually collected statistics to a central point for inclusion into the statistical general ledger. There is a designated person in each region who manages MIS reporting to DHCS.

Did you know?

- An Inpatient or Resident Day is counted on the day of admission but not the day of discharge.
- When an Inpatient or Resident is admitted and separated (discharged or died) on the same day, on Inpatient or Resident Day is recorded.
- When collecting the activity statistic 'Mothers Delivered', multiple births are counted as one delivery.
- If an individual returns to the OR for further surgery during the same calendar day, this intervention is recorded as another surgical visit.
- If a person is seen more than once in a 24-hour period (for more than five minutes each time), a Visit In Person is collected each time, except for 'planned breaks' (i.e. ER client goes to X-ray and returns to ER; a pre-op client goes to OR and returns to pre/post op for recovery).
- Discussion of a Service Recipient with another professional over the phone is not considered a Visit Virtual. Rather, the time is recorded as Service Recipient Workload: Consultation/Collaboration but no activity statistic is recorded. *Communication must be with the service recipient or significant other to qualify as a Visit Virtual.*
- When answering telephone requests from the general public for information about the service your unit/clinic provides, the time is recorded as Non-Service Recipient: Organizational/Professional Activities, *but no activity statistic is recorded.*
- If services are provided in person **and** by video, telephone, email, text etc. to an individual on the same calendar day, only one Attendance Day In Person is recorded for that day, regardless of which occurred first. *If visits are collected; a Visit In Person and a Visit Virtual would also be recorded.*
- A Post Anesthetic Recovery Room Visit should be reported for service recipients who receive services in the PAR Room. Those returning to pre/post op services will already have a Visit In Person reported. (see 5th bullet above)
- Surgical Visits should be reported *wherever they take place* even if its not an OR or endoscopy unit. For example: minor procedures in treatment rooms or in a PARR.
- More detailed service activity 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 region is represented, as well as the DHCS and the Centre.
- 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 region is represented, as well as the Centre.
- A provincial discipline-specific MIS contact list is maintained by The Newfoundland and Labrador Centre for Health Information (NLCHI or the Centre) to facilitate education and information sharing regarding MIS Standards. It is comprised of regional representatives and MIS Standards Consultants from the Centre



- MIS information is used by the MIS staff of the Centre and by Financial Information Services at the DHCS. This data is used to answer requests from the RHAs 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 the Centre (Information Requests @ InfoRequests@nlchi.nl.ca) or the Financial Information Services division at the DHCS.
- The MIS Standards Consultants at the Centre provide educational workshops, consultation and assistance with information analysis. Further information is available on the Centre'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 Service Activity Statistics and the MIS Standards? Do you have other suggestions for how we can increase knowledge and use of Service Activity Statistics 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 "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 the 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.