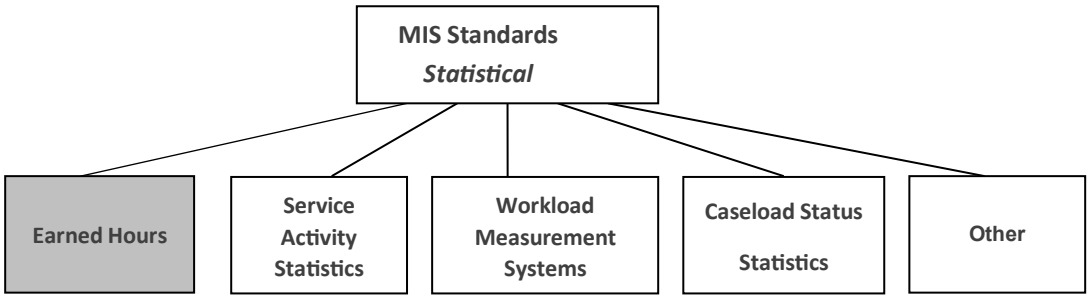
# Nursing and the MIS Standards *Fact Sheet*

NL Health Services

March 2023




## Earned Hours (EH)

Compensation accounts for a significant portion of the operating expenses of most health service organizations. Compensation includes salaries and benefits paid to or on behalf of employees. EH statistics are used to report the number of hours worked by employees, as well as time taken off for various reasons such as vacation, sick leave, family leave, etc.

The requirements for the collection and reporting of EH 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). Currently, the Department of Health and Community Services (DHCS) requires EH to be reported by:

- Type
- Broad Occupational Group and
- Bargaining Unit

## The Facts

There are three **TYPES** of EH:

**Worked Hours** are those hours that are spent carrying out the mandate of the service. Staff are physically present and available to provide care.

**Benefit Hours** are those hours when staff are not present but receive pay.

**Purchased Hours** are those hours spent carrying out the mandate of the service by personnel hired from an external agency.

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Payroll earning codes are used to record the various types of hours paid to or on behalf of each nurse.

| **Worked Hours Include:** | **Benefit Hours include:** |
|---|---|
| -Regular worked hours, including coffee breaks | -Statutory holidays |
| -Worked statutory holidays | -Vacation Leave |
| -Relief hours, such as vacation relief and sick relief | -Sick and Bereavement leave |
| -Overtime hours worked (regardless if paid or banked) | -Workers Compensation leave |
| -Call back hours worked (regardless if paid or banked) | -Facility orientation |
| -Nursing unit/program orientation | -Formal education (1/2 day or greater)/training sessions |
| -In-service sessions < ½ day in duration | -Union leave with pay |
| | -Lunch breaks when compensated |

All Nursing staff are assigned to one of two **BROAD OCCUPATIONAL GROUPS**:

- Management and Operational Support (MOS) e.g. managers
- Unit-Producing Personnel (UPP) e.g. staff nurses.

Earned hours are also reported according to the **BARGAINING UNIT** or group to which the employee belongs. Nursing staff are included in the RNUNL, NAPE-HS, Management-HL, and NUNM bargaining units.

- Paid coffee breaks are considered worked hours. Although theoretically these hours are benefit hours, recording this detail would present practical difficulties.
- Standby hours are not included in the count of worked hours, but standby pay expenses are a component of worked salaries (i.e. a nurse is on call for 12 hours but there is no callback; the nurse receives standby pay - no worked hours or workload is recorded).
- Callback and/or overtime hours are recorded as **actual hours worked**, not the minimum number of hours paid (i.e. a callback resulted in one worked hour, but the nurse received three paid hours).
- Overtime hours can be paid or banked (Comp Banks) and are recorded and expensed during the period when they are worked. Comp banks are reduced as the hours are taken.
- Only paid hours can be recorded as worked hours (i.e. a nurse spends a weekend preparing a professional research paper for publication; not a work requirement, so the nurse is not paid for this work therefore no worked hours recorded).
- Earned Hours are used to calculate staffing indicators such as the number of FTE's, the ratio of worked and benefit hours to earned hours, and to analyze current and evolving trends in human resource utilization (i.e. changes in staff mix over time).
- UPP worked (paid) hours should be matched to UPP workload as these two pieces of information will be used to calculate Worked and Total Productivity (%) indicators. Failure to accurately match these two data elements will skew productivity indicators. Student worked (clinical) hours are collected for this reason as well.

**Manager's responsibilities**:

- Ensure accurate use and interpretation of compensation earning codes
- Ensure data quality; investigate sources of inconsistent data
- Use the data to support decision-making
- Provide leadership for implementation
- Ensure that ongoing maintenance/monitoring is taking place

**Unit Producing Staff responsibilities:**

- Record their earned hours statistics as accurately as possible
- Submit statistics by the organization's monthly deadline
- Learn to use and interpret the data

## Troubleshooting Tips

**Problem**: Productivity indicators are inaccurate

**Probable Causes**: Workload recorded does not match the worked hours of the staff recording the workload data. This could be due to:

- Nurse floated to another unit because of increased acuity, or to provide constant care, etc. and worked hours recorded in home unit. This results in productivity overstated for the other unit and understated for the home unit.

**Solution:** When floated, nurses' worked hours must be transferred to the unit where workload is recorded.

- Student workload reported without the associated worked (clinical) hours. This results in productivity overstated for the units where students are doing clinical placements.

**Solution**: Student worked (clinical) hours must be collected and reported.

**What is a realistic Productivity level?**

80-85% Total Productivity in both clinical and non-clinical activities is a realistic level of accountability of how worked hours are spent.

**Example**: For each 12-hour shift:

-0.75 hrs unpaid lunch breaks

-0.75 hrs paid coffee breaks

-0.9 -1.4 hrs personal and/or delay time

= 9.1-9.6 hrs. or 81-85%

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Things that can increase productivity indicator results:

- staff working through coffee/lunch breaks
- student workload reported without the associated clinical hours
- staff working unpaid hours to provide nursing care
- inaccurate reporting of worked hours and/or workload

**Problem**: Inaccurate FTE counts. The Actual FTE count is calculated by dividing all Earned Hours by the number of Earned Hours that 1 FTE would normally be paid for in that period of time.

**Probable Cause**: Earned Hours not recorded properly i.e. callback– one hour worked but three hours recorded which is the minimum hours paid for a callback, resulting in an over-stated FTE count.

**Solution**: In this situation, record only the actual hours worked, not the hours paid.

## Did you know?

- Earned hours are captured through the payroll system on a bi-weekly basis. Workload data is collected on a monthly basis, therefore the timeframes may not always match. For this reason, nurses are asked to record worked and benefit hours on the workload data collection forms. Time frames will match on an annual basis.
- Earned Hours are captured in the payroll system by bargaining group and employment status (i.e. full- time, part-time, casual, etc.).

- 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 of 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 the 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.