![Newfoundland & Labrador Centre for Health Information logo]

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                        │  MIS Standards  │
                        │   Statistical   │
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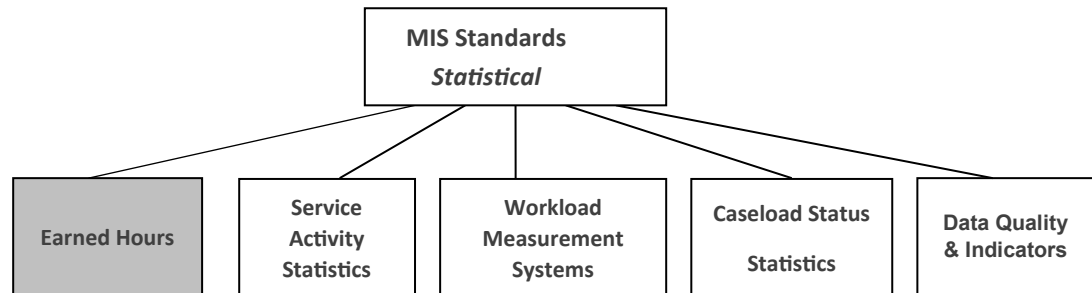| Earned Hours	Service Activity Statistics	Workload Measurement Systems	Caseload Status Statistics	Data Quality & Indicators

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 Earned Hours to be reported by:

- Type
- Broad Occupational Group
- Bargaining Unit

The Facts

There are three **TYPES** of Earned Hours:

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.

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

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

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

Earned hours are also reported according to the **BARGAINING UNIT** or group to which the employee belongs. Diagnostic staff are included in the Association of Allied Health Professionals (AAHP), the Canadian Union of Public Employees-Hospital Services (CUPE-HS), the Canadian Union of Public Employees-Lab and X-Ray (CUPE-LX), the Newfoundland and Labrador Association of Public Employees-Hospital Services (NAPE-HS), the Newfoundland and Labrador Association of Public Employees-Lab and X-Ray (NAPE-LX), the Newfoundland and Labrador Nurses Union (NLNU), Management-Hay Level bargaining units, and the Newfoundland and Labrador Medical Association (NLMA).

Here are some other important points about Earned Hours:

- 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 and 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 staff 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 respiratory therapist spends a weekend preparing a professional research paper for publication; not a work requirement, so the therapist is not paid for this work therefore no worked hours recorded).

- Senior students, carrying an independent caseload should record workload data and their associated worked (clinical) hours.

- 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).

- Unit Producing Personnel (UPP) worked 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.

Manager's responsibilities:

- Ensure accurate use and interpretation of compensation earning codes

- Ensure data is of the highest possible quality

- Use the data to support decision-making

Unit Producing Staff responsibilities:

- Record their workload and 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: Inaccurate FTE* counts.

Probable Cause:

Earned Hours not recorded properly, one hour of callback worked but three hours recorded (minimum hours paid for a callback). This results in a FTE count which is too high.

Solution: Record only the actual hours worked, not the hours paid.

*note: The actual FTE count is calculated by dividing all Earned Hours by the normal Earned Hours for 1 FTE (1820 or 1950 hours per year).

Problem: Worked hours do not match the workload recorded by staff. Productivity indicators are inaccurate.

Probable Causes:

- All worked hours have not been included. This results in productivity that is too high.

Solution: Record all worked hours.

- Staff have not recorded all workload (service and non-service recipient). This results in productivity that is too low.

Solution: Record workload data as completely as possible

- Staff inflate workload numbers to account for all their time. This results in productivity that is too high.

Solution: Record workload data as accurately as possible.

Other things that can increase productivity indicator results:

- staff working through coffee breaks and recording workload for that time; and

- staff working unpaid hours to provide care and recording workload.

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 hours unpaid lunch breaks

-0.75 hours paid coffee breaks

-0.9 -1.4 hours personal and/or delay time

= 9.1-9.6 hours. or 81-85%

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, employees 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 Committee exists to address general data quality issues within the province. Each Regional Health Authority (RHA) is represented as well as the DHCS and the Newfoundland and Labrador Centre for Health Information (NLCHI or '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 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.

- The Canadian Institute for Health Information (CIHI) supports and maintains the MIS Guidelines. It offers educational support for the MIS Guidelines through e-learning programs and instructor-led workshops. – 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 "Diagnostic Services 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 Diagnostic Services.

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 Centres 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.