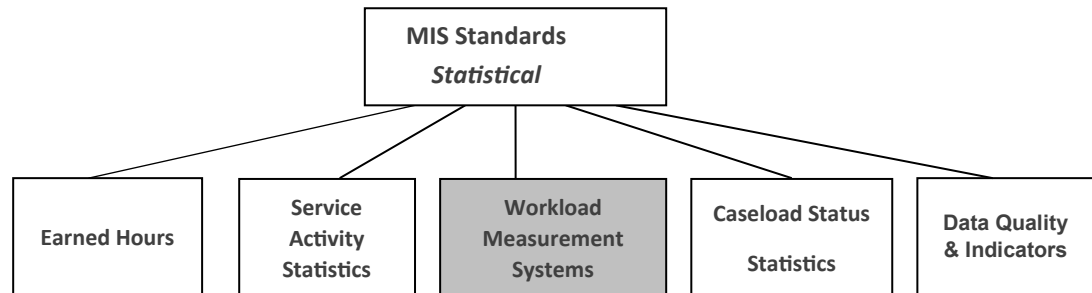


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## Workload Measurement System (WMS)

Nursing services are responsible for a large portion of a health care organization’s operating expenses. Each organization requires evidence to support its use of these resources.

A Workload Measurement System (WMS) is a management tool that can be used to reflect resource utilization. The requirements for the collection of workload are based on the Standards for Management Information Systems in Canadian Health Service Organizations (The MIS Guidelines, ©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.

### The Facts

- The WMS records workload retrospectively (care you actually provided, not what you predicted your patient would need). (Needs to be in the third person, would it sound better if we said “*care actually provided, not what is predicted the patient would need*”)
- The WMS has a conceptual model which divides workload into two categories: service recipient activity (clinical) and non-service recipient activity (non-clinical). All nursing activities of a unit / clinic / program are included.
- Service recipient activity is further divided into three categories: Assessment, Therapeutic Intervention and Consultation and Collaboration.
- Non-service recipient activity is further divided into four categories: Functional Centre Activities, Organization/ Professional, Teaching/In-service and Research.





- RN's, LPN's and PCA's providing care are considered Unit- Producing Personnel (UPP), and as such are required to collect and report workload during working hours.
- The effectiveness of any WMS depends on the knowledge and understanding of both management and frontline staff.
- WMS does not measure the quality of nursing care provided. It measures the amount of time spent providing service (care) and engaged in various related activities such as committee meetings and in-service.
- WMS are not designed to capture 100% of a staff's time; 80-85 percent is realistic (i.e. coffee breaks, lost time, etc.)
- You cannot have a Total Productivity % of greater than 100%. Worked productivity is the portion of worked time spent providing patient care (clinical time). Total productivity reflects the portion of work time spent in clinical plus non-clinical activities (i.e. staff meetings).
- WMS measure how staff spend their time, both in the provision of care and other activities, therefore workload cannot be recorded if a patient performs the activity independently.
- Workload data is used for staffing, planning, budgeting, monitoring and evaluating services provided.
- WMS can use either actual time or standard time (unit/clinic average time).
- Workload can be collected manually, electronically or a combination of both.

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

**Manager's responsibilities:**

- 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

**Nurse's responsibilities:**

- record/capture data accurately to quantify services provided
- accurately measure the resource requirements of their patients
- understand the WMS—both recording and interpretation of results
- share knowledge with new staff

## Troubleshooting Tips

**Problem:** Worked Productivity % of greater than 100%

**Probable Causes:**

- worked hours not reported correctly (understated)
- standard times too high
- student workload included without associated worked hours
- over recording/documentation (predicting care rather than recording what was actually done)

**Problem:** Worked Productivity % lower than anticipated

**Probable Causes:**

- under reporting/documentation
- worked hours incorrectly recorded (overstated) i.e. staff floated to another unit but their hours continue to be counted in their home unit
- changes in service provided (acuity) i.e. patients require less care and staff have some “downtime”
- increased waiting time (waiting time is lost time)

## Did you know?

- Lack of feedback is cited by frontline nurses 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.
- For nursing, workload statistics account for the “largest gap” in statistical data collection and reporting to the Provincial MIS Database.
- Some Regional Health Authorities have workload coordinators responsible for development and implementation of WMS. They provide education to staff as well as interpretation and analysis of data.
- More detailed WMS collection and reporting requirements and definitions can be found in the MIS Standards 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.



- The Centre for Health Information's MIS Standards Consultants provide educational workshops, consultation and assistance with information analysis. Further information is available on the Centre's website at [www.nlchi.nl.ca](http://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](http://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](mailto:jenniferl.guy@nlchi.nl.ca) or Marie Strang at [marie.strang@nlchi.nl.ca](mailto:marie.strang@nlchi.nl.ca).

### **Future Editions**

Future editions of the Nursing and the MIS Guidelines Fact Sheet will be released and each edition will focus on a different aspect of the MIS Guidelines as relevant to Nursing.

### **About our Organization**

The Newfoundland and Labrador Centre for Health Information is mandated by the Provincial Government to develop a Health Information Network for the Province. This network will link hospitals, long term care facilities, doctors, pharmacists and health and community service providers within each health region and provincially. NLCHI is also responsible for developing and promoting standards for health information, preparing and releasing health information products and promoting enhanced policies for the protection of personal health information.