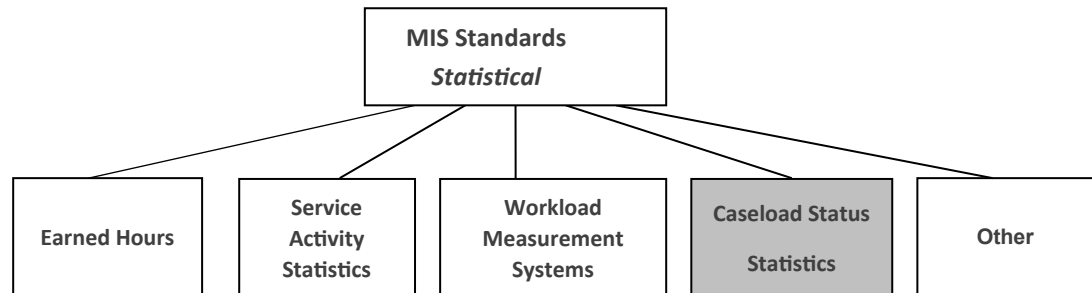


March 2023



Caseload Status Statistics

Caseload Status Statistics are captured by therapeutic services and, together with Service Activity Statistics, they identify the **volume of services** provided to, or on behalf of specific service recipients. Caseload Status Statistics supplement workload information by enabling clinicians and managers to identify the utilization of services by specific service recipients and the resources required to support that service.

The requirements for the collection and reporting of Caseload Status Statistics 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). These national standards tell us what data to collect and report for each type of service, and how to use that data.

The caseload status statistics collected by Therapeutic Services are:

New Referrals - Service recipients, registered with a functional centre during the current month, who received services during that month and who had not received services from the same functional centre in a prior month.

Active Carryovers - Registered service recipients who were new referrals in a prior month and who received services from the same functional centre during the current month.

Note: These 2 statistics make up the **Active Caseload** (number of active service recipients) of the functional centre for the month.

$$\text{Active Caseload} = \text{number of new referrals} + \text{number of active carryovers}$$

Individuals on the Waiting List (Optional) - Individuals on the waiting list represent the number of individuals who have been accepted to receive services, *but who have not yet received services during the month*. Waitlists should be measured at the same time each month (usually midnight of the last day of the month).



The Facts

- Caseload Status Statistics are reported separately for each Category of Service Recipient (i.e. Inpatients, Residents, Clients, and Facility/ Organization). This allows clinicians and managers to measure utilization of services for these groups.
- For **inpatients or residents**, only one new referral should be counted per admission, *even if services are interrupted or temporarily discontinued during the admission*.
- For **clients**, only one new referral should be counted for the time interval during which the client's file remains open and the client receives services.
- A service recipient's file is closed when services are terminated and/or interventions are no longer necessary or effective, or a calendar year has elapsed since the individual last received services.
- A service recipient is either a New Referral **or** an Active Carryover during the month, **not both**, *unless the person's status changes*.
E.g. If an individual who has been seen as a New Referral in an ambulatory care setting during the month *changes status*, is admitted and seen as an inpatient by a clinician from the same functional centre in the same month, then a New Referral-Inpatient and a New Referral-Client is collected and reported for that person for the month.
- If a service recipient is seen by **two** service providers from the *same functional centre* during the same month **only one** New Referral or Active Carryover should be recorded for that service recipient that month.
- An individual must have received services during the month, in order to record a new referral or active carryover for that month – *wait listed individuals are not included*.
- Many of the caseload status statistics that will be collected in Community Services are the same as those collected in institutional settings. The CRMS Documentation Standards and Statistical Reporting Working Groups are reviewing national reporting requirements and developing *additional provincial statistics* for all community based programs and services.

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 MIS 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

Problem: Inaccurate Active Carryover counts

Probable Causes: Lack of understanding of the definition of “Active Carryover” results in all open files being counted.

Solution: Education should be provided to clinical staff to ensure understanding of the correct method of recording Active Carryovers.

Probable Causes: Active carryovers are recorded for the same service recipient by more than one staff-member from the same functional centre for the same month.

Solution: A clearly defined process for recording Active Carryovers should be in place and understood by all staff.

SCENARIO 1:

Ms. Smith is referred to a social worker and seen in clinic for the first time in January. She is seen again on February 5th. On February 10th Ms. Smith is admitted to acute care and is referred to the same social worker. She is discharged on February 28th and is seen in clinic on March 23rd. Ms. Smith is seen again in April and May. No clinical services are provided to Ms. Smith in June. She is seen in July and it is determined that services are no longer required. The following caseload status statistics were recorded:

Month	Caseload Status Statistic
January	New Referral-Client
February 5 th	Active Carryover-Client
February 10 th	New Referral-Inpatient
March 23 rd	New Referral-Client
April	Active Carryover-Client
May	Active Carryover-Client
June	N/A
July	Active Carryover-Client

SCENARIO 2:

Mr. Jones is seen in clinic by the physiotherapist and the physiotherapy support worker for the first time on March 8th. On March 16th he is seen in clinic by a different physiotherapist from the same functional centre. Mr. Jones is seen again by a physiotherapist on April 3rd and by the physiotherapy support worker on April 24th. He is then seen on May 5th and the physiotherapist determines that he no longer requires physiotherapy services. The following caseload status statistics were recorded:

Date	Staff	Caseload Status Statistics
March 8 th	*Physiotherapist	New Referral
March 8 th	*Physiotherapy Support Worker	N/A
March 16 th	Physiotherapist	N/A
April 3 rd	Physiotherapist	Active Carryover
April 24 th	Physiotherapy Support Worker	N/A
May 5 th	Physiotherapist	Active Carryover

Either the physiotherapist or the physiotherapy support worker can record the Caseload Status Statistic for the month, but **not both. The statistic is usually recorded by the service provider who sees the person first.*





Did you know?

- Active Carryovers are non-cumulative statistics. They are reported monthly, but *cannot be added together for an accurate yearly total*.
- More detailed caseload status statistical collection/reporting requirements and definitions can be found in the MIS Standards & Workload Measurement System Reference Guides (updated versions pending) published by each discipline.
- 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 Caseload Statistics and the MIS Standards? Do you have other suggestions as to how we can increase your knowledge and use of Caseload Statistics and other the 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.

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Future Editions

Future editions of Therapeutic Services and the MIS Standards Fact Sheet will be released and each edition will focus on a different aspect of the MIS Standards relevant to Therapeutic Services.

About the 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.