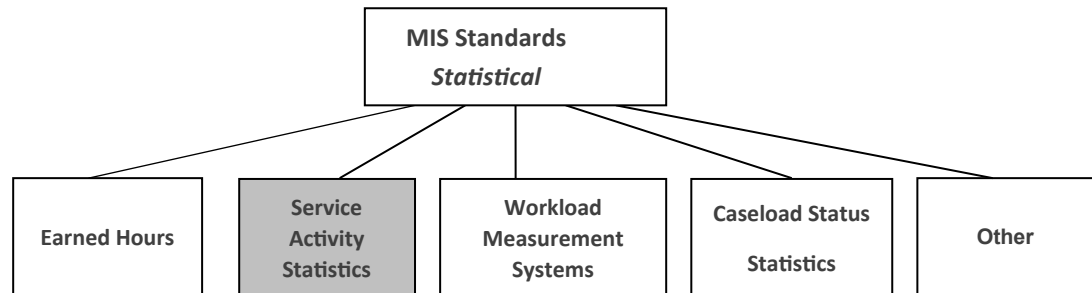


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Service Activity Statistics

Service Activity statistics are captured by therapeutic services, and together with Caseload Status Statistics, identify the volume of services provided to, or on behalf, of specific service recipients. Service Activity Statistics supplement workload information by enabling clinicians/managers to identify the resources required for specific activities (i.e. how much time is spent per Attendance Day or per Visit).

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). These national standards tell us what data to collect and report for each type of service, and how to use that data.

The Facts

The most common service activity statistics collected by Therapeutic Services are:

Attendance Days In Person— The calendar days, during which services are provided in person on an individual or group basis. In-person service recipient activities are provided with service provider(s) and service recipient(s) in the same physical location. These services are documented according to the health service organization's policy and clinical service is provided for longer than **five** minutes.

Attendance Days Virtual— The calendar days during which services are provided to service recipients or significant others by means other than in person .i.e. video, telephone, email or other forms of electronic communication, either on an individual or group basis. These services are documented according to the health service organization's policy and clinical service is provided for more than **five** minutes.

In addition, some services also collect:

Visit Face In Person (Optional)- Each occasion where clinical services are provided in-person to individuals or groups for more than **five** minutes.

Visit Virtual (Optional)- Each occasion where clinical services are provided by video, telephone for more than **five** minutes. The visit must be with the service recipient or the significant other (not other providers or vendors) to be included.





Other non-MIS optional related statistics commonly collected by therapeutic services are:

Number of No Shows– The number of times individuals do not present for a scheduled appointment without prior notification.

Number of Cancellations– The number of times individuals do not present for a scheduled appointment but have contacted the service provider to give prior notice.

- Service Activity Statistics are reported separately for each Category of Service Recipient (i.e. Inpatients, Residents, Clients, Facility/Organization and Service Recipient Not Uniquely Identified). This allows managers/clinicians to identify utilization of services for these groups.
- Service activity statistics should be reported on a monthly basis.
- Attendance Days are usually the preferred activity statistics used by therapeutic functional centres (FC).
- Only **one** Attendance Day is recorded for each person, each day, for each FC *even if several different staff interact with the person, or the person is seen several times during the day.*
- When clinical services are provided to the same individual on several different occasions during the same 24 hour period, clinicians may collect the activity statistic Visit (In Person or Virtual), if desired, in addition to an Attendance Day. *Only one Attendance Day can be recorded per person, per day but all visits can be counted.*
- If the service recipient and significant other(s) are seen together, *only one Attendance Day In Person is recorded.* If the significant other is seen without the service recipient, an attendance day is recorded under the service recipient registration number/name.
- If a *clinician* receives an unsolicited call from an unregistered client (Service Recipient Not Uniquely Identified) *and clinical services are provided*, then an Attendance Day Virtual is recorded.
- In addition to Attendance Days In Person and Attendance Day Virtual; *Visit In Person* and *Visit Virtual is a reporting requirement for clinicians working in home health services.*
- Many of the service activity 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 have been reviewing national reporting requirements and developing *additional provincial statistics* for all Community Services program areas, programs, and services.

Manager’s responsibilities:

- Ensure the accurate collection and reporting of the appropriate service activity statistics by FC and by category for service recipient.
- Ensure data is of the highest quality and used to support decision-making.
- Provide on-going feedback to staff on the collection/use of statistics.
- Provide leadership/implementation
- Ensure that ongoing maintenance/monitoring is taking place

Unit Producing Staff responsibilities:

- Accurately record activity statistics to quantify services provided.
- Understand the service activity statistics applicable to their work area.
- Share knowledge with new staff.

Troubleshooting Tips

1. **Problem:** Inaccurate Attendance Day counts.

Probable Causes:

- Lack of understanding of the definition of Attendance Days, as they relate to group activities, results in an inaccurate count.

Solution: Provide education to clinical staff to ensure understanding of the correct method of recording Attendance Days for group sessions.

Example #1: When two or more clinicians from the **same functional centre** attend group sessions, only one Attendance Day per service recipient can be collected. One clinician can collect them all **or** they can be divided equally i.e. two social workers attend a one hour group session with 10 participants. One social worker can record 10 Attendance Days In Person or each can record 5. *Each Social Worker would record 60 minutes of workload.*

Example #2: When two clinicians from **different functional centre's** attend group sessions, each clinician collects one Attendance Day per service recipient i.e. a social worker and a psychologist attend a one hour group session and there are 10 participants. Both the social worker and the psychologist collect 10 Attendance Days and 60 minutes of workload.

Example #3: Unit producing staff assigned to a **multi-disciplinary functional centre (FC)** should record their workload and other statistics *for the team as a whole* using one FC. i.e. a client community attends a community day/night care and is seen for 50 minutes by the nurse. The therapist, a member of the multidisciplinary team, provides counselling for 40 minutes thereafter. The reporting of financial and statistical data related to the nurse and the therapist should be reported as a whole using one FC. 90 workload units and one visit in person for the team should be recorded in the FC.

- Reporting inappropriate calls results in an inaccurate count of Attendance Days Virtual.

Solution: Only telephone calls and other forms of virtual communication (five minutes or greater), *where clinical services are provided directly to the service recipient and/or significant other*, should be recorded as Attendance Day Virtual. Less than five minutes and those related to consultation/collaboration can not be counted.

2. **Problem:** Service Activity Statistics recorded *but not reported*

Probable Causes:

- Service Activity statistics captured manually may not be accessible electronically to the organizations statistical general ledger for internal and external reporting.
- Lack of a defined reporting process for manually collected statistics results in statistics not being included for internal and external reporting.

Solution: Each facility should develop clearly defined processes for the reporting of manually collected statistics to a central point for inclusion in the statistical general ledger.



Did you know?

- If services are provided in person and virtual 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 also collected, in this case a Visit In Person and a Visit Virtual would also be recorded.*
- When attending ward rounds and/or patient conferences *and the individual is not present*, service recipient workload is recorded but no attendance day or visit is collected.
- When answering requests from the general public for information about the service your department provides, workload units are recorded as Non-Service Recipient: Organizational/Professional Activities, *but no activity statistic is recorded.*
- Discussion of a Service Recipient between health care professionals is not considered an attendance day or a visit. Rather, the time is recorded as Service Recipient Workload: Consultation/Collaboration, *but no activity statistic is recorded.* Collaboration may be formal or informal.
- The reporting of service activity statistics for each clinical discipline is both a provincial and national requirement.
- More detailed service activity statistical collecting/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.
- 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.
- 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.
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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 Therapeutic Services MIS Standards Fact Sheets will be released and each edition will focus on a different aspect of the MIS Standards as they relate 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.