Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg Caring for Health / À l'écoute de notre santé **PPH MIS Guideline**	**Form Name:** MIS Monthly Data Collection	**Form Number:**
	Approved By: PPH Program	**Pages:** 1 of 6
	Approval Date: May/18	**Supercedes:** New"

1.0 INTENT/PURPOSE

- To streamline MIS data collection to ensure:
  - PPH Program meets its reporting requirements to Manitoba Health, Seniors and Active Living (MHSAL) and Canadian Institute for Health Information (CIHI)
  - Consistent application of data definitions and data elements collected, and ensuring data definitions are consistent with the nature of PPH practice, e.g. tracking by level of intervention vs. setting.
  - Timely and efficient collection, collation and submission of required data elements.

2.0 SCOPE:

- Pertains to all PPH staff providing direct client services, in both community area and centralized office locations. Exclusions: students, administrative assistant staff.

3.0 DEFINITIONS:

- **Management Information Systems (MIS)** - a provincially and nationally established system of reporting financial information and other activities. Population and Public Health Management Information Systems capture direct contact information and activities that providers engage in. MIS is not intended to be a workload measurement tool.

- **Where do MIS data go?**
  - Aggregate PPH MIS data is forwarded to WRHA Financial Reporting monthly;
  - WRHA Financial Reporting uploads all MIS data into SAP monthly
  - A text file from SAP, containing YTD Financial and Statistical data, is submitted by WRHA Finance Reporting to MHSAL monthly;
  - A file containing all Financial and Statistical data for all Regional Health Authorities in Manitoba, is submitted by MHSAL to CIHI annually;
  - MB Health required statistics are: Direct Contacts (Individual/Family/Group/Community)
  - CIHI required statistics are: Visits-Face-to-Face (Non-Face-to-Face Visits are optional)

- **Contact: What constitutes a "contact"?**
  To determine whether or not to include a situation in your MIS statistics, ask:
  - **ISSUE** - Is there a client issue being addressed?
  - **INTERVENTION** – Is there a PPH intervention that took place?
  - **PLAN OF ACTION** - Is there a plan that has been put in place or action that is taken as a result of the intervention?
  - **DOCUMENTATION** – Does the situation warrant documentation, i.e., charting?

  All four MUST be present before the situation can be counted in your MIS statistics.

- Direct contacts are those encounters with clients with whom you have directly spoken or engaged with, e.g., via an interpreter.

- Indirect contacts are not collected as part of the core MIS requirements for PPH.

- Abbreviations and Acronyms:
  ADMIN = Administrative Clerk
  CIHI=Canadian Institute for Health Information.
  CLN = Clinical Nurse Liaison
  CDCOORD = Coordinator

FFHV = Families First Home Visitor
OUTREACH = Outreach Worker
MHSAL = Manitoba Health, Seniors and Active Living
MIS = Management Information Systems
PHD = Public Health Dietitian
PHN = Public Health Nurse
PPH = Population and Public Health
WRHA = Winnipeg Regional Health Authority

4.0 Guidelines for Completion:

- MIS reporting is mandatory for all WRHA Population and Public Health staff providing direct client services.
- All PPH staff will use the electronic Population and Public Health *MIS Monthly Data Collection sheet* and submit one sheet per month per staff member.
- Per MIS standards, services provided by students are not to be captured, even if working independently.

4.1 Minimum data collection requirements (all service areas)

PPH is required to collect and submit statistics on <u>direct contacts only.</u> This includes direct contacts for each level of intervention: Individual, Family, Group and Community.

- Current minimum **MHSAL General Ledger Minimum Statistical Reporting Requirements** applicable to Population and Public Health Program are:
  - Direct Contacts-Individuals (95010)
    This statistic is to record direct contacts when the individual is the unit of care.
  - Direct Contacts—Family (95020)
  - Direct Contacts-Group (95030)
    This statistic is to record direct contacts when a group is the unit of care.
  - Direct Contacts—Community (95040)
    This statistic is to record direct contacts when a community is the unit of care.

4.1.1 Direct Contacts- Individual

- **<u>Criteria:</u>**
  - Individual level encounters are those in which **the <u>individual is the unit of care, i.e., is the target of the intervention</u>**. The family may or may not be present during the encounter; however the target of the intervention is the individual, not the family.
  - Individual statistics will be collected for encounters by phone and in person.
  - Telephone interventions aimed at the individual level of care, are <u>at least 5 minutes in duration and include an intervention which is documented.</u> ***Criteria for contact: Issue, Intervention (Individual level), <u>≥</u>5min, Action, Documentation.*** Track as direct-phone contact (individual).
  - Capture only those encounters for which there was an intervention/interaction warranting documentation, i.e., the encounter must have a therapeutic benefit and be documented. If there is no documentation, then it is not counted.

- Count per encounter, not per intervention, e.g., Home visit with >1 intervention, count as 1. There may be more than one encounter per client per day, as long as the criteria for a direct individual contact are met, e.g., there could be a phone call and a home visit each with documented interventions and plans of care.

- Do not count short phone calls to arrange a home visit unless the criteria for a "contact" are met. For example, do not count leaving messages.

- **Immunization services:**

    - Immunizations are individual services.
    - PHNs do not need to track immunizations provided to clients on their MIS sheets.
    - All immunizations provided by PHNs are captured within Panorama.
    - These will be captured via an in-application report within Panorama.
    - This includes Travel Health Clinic and other centralized services.
    - PH Teams will run the Immunization Count by Provider Organization report at the end of each month prior to submitting their team's MIS stats to the PPH Program and will add the total number of immunizations provided by their team to the team MIS summary sheet. See Appendix A for instructions.
        - *Note: As of June 25/18, this report is not yet available to PH Clerks, only Lead PHNs for Immunization. PPH Program is working with the Panorama Team to address this and will run these reports centrally in the interim.*

4.1.2. Direct Contacts- Family

- **Criteria:**

    - Family level services are those in which **the family is the unit of care, i.e., is the target of the intervention.**

    - In person face to face family contacts will be recorded and the encounter must have a therapeutic benefit to the family and be documented.

    - Telephone interventions aimed at the family as the unit of care will be recorded when phone calls are at least 5 minutes in duration and include an intervention which is documented. ***Criteria for contact: Issue, Intervention (Family level), >5 min, Action, Documentation.*** Include phone calls which meet the criteria for a family direct contact.

    - One contact per direct family encounter. Count the number of family members present who are benefiting from the intervention, e.g., Mom and baby, mom, baby and partner, etc.

    - Count per encounter, not per intervention, e.g., Home visit with >1 intervention, count as 1, and also count #family members present. There may be more than one encounter per client per day, as long as the criteria for a direct family contact are met.

    - Do not count documented attempts to reach the family (i.e. leaving a call back message on an individual's voice mail.)

4.1.3. Direct Contacts- Group

- **Criteria:**
  - Will be recorded **when a group is the unit of care, i.e., the target of the intervention**.
  - Group is the unit of care when the expected outcomes of the encounter would be of benefit to individuals in the group.
  - Group sessions must be therapeutic or health education focused in nature.
  - Only groups that are facilitated in person face to face by PPH staff are counted.
  - Record the number of groups held that day (i.e. 1 or >). Record 1 contact per participant in each group session. Include support persons who attend with the individuals. Do not include infants or small children.
  - If a client asks a specific question that involves documentation and a plan of care, then this particular encounter is also counted separately as a direct contact. If no specific documentation occurs it is not counted as a direct contact.
  - Groups that are co-facilitated by members of the same profession, only the lead facilitator will record the group information. Staff co-facilitating sessions will need to decide who is capturing what to avoid double counting.
  - Groups that are co-facilitated by members of different professions both facilitators will record the session. Rationale is different bodies of expertise, different interventions. E.g., PH Dietitian and PH Nurse.
  - Do not include immunization clinics. This is individual level service and will be captured via Panorama.
  - For clients served in group settings who approach the facilitator with questions following the group do not count unless there are specific individual health concerns, e.g., BF consultation, in which case count as individual or family, depending on the nature of the issue and target of the intervention.

4.1.4. Direct Contacts- Community

- **Criteria:**
  - Community level services are those in **which a community is the unit of care, i.e., is the target of the intervention.**
  - Community is the unit of care when the expected outcomes of the encounter would be of benefit to the community as a whole and are documented in the community record.
  - Community contacts must be therapeutic or health education focused in nature and documented in the community record.
  - Community level interventions must be in person, be directed at the entire community and be recorded. Do not count community health assessment, phone calls to support community engagement activities, information seeking, etc.
  - Record one contact per encounter.
    - Do not count the number of community members present.
    - By definition, a community level intervention is one which benefits the broader community, so it is not possible to count everyone who may benefit from the intervention.
    - This is distinct from group level encounters where we count participants in a group receiving the intervention, which is specifically aimed at that group.

5. Administrative Processes:

5.1 Data collection, collation:

- All staff are encouraged to complete their MIS stats electronically for ease of collation and timely submission, however due the nature of PPH services, staff may find it easiest to print and use the sheet to keep track of service delivery by keeping a tally and either entering the data electronically into a shared file, or hand in their completed paper copy to their team's designated administrative assistant.

- Each team will develop its preferred process for ensuring guidelines and timeframes are met; however, regardless of the mechanism selected locally, all data must be collated locally by each PPH team and **submitted electronically to the PPH Program using the designated spreadsheet via email *(not fax).***

- If you anticipate being away at month end, submit your statistics prior to your absence.

- Notes:
  - Using the drop down boxes, insert the role of the provider e.g, PH Dietitian, month and year.
  - If a health care provider does not work on a given day there is no need to fill in that row.
  - Record the first and last name of the team member in the designated space.
  - Each line represents one working day.
  - Blank rows must be left blank- they cannot be deleted.
  - Use numbers to represent each direct contact throughout the day.
  - The form is programmed to automatically tally to facilitate collation.

- Tips for staff responsible for collating team statistics:
  - A suggested internal team deadline for submission of PPH MIS statistics is the **first working day following the end of the month.**
  - You may find it helpful to send out an email to all staff a few days before the current month's end to remind staff that all completed forms are due to the lead admin assistant by the **first working day following the end of the month.**
  - Consult with the Team Manager for assistance and follow up when stats are not submitted in a timely manner.
  - Transfer collated data from each provider to the PPH Monthly Report- Community Area Template ensuring it is entered into the appropriate PPH Direct Contact cell.
  - **PH Clerks will need to log into Panorama as epi admin** (not their clerk role) and run the monthly community immunization report using PPH MIS Guideline Appendix A (Instructions to PH Clerks on collecting monthly community immunization reports). This information will need to be provided to the lead admin collating MIS stats, if a different individual/role.
    - *Note: As of June 25/18, this report is not yet available to PH Clerks, only Lead PHNs for Immunization. PPH Program is working with the Panorama Team to address this and will run these reports centrally in the interim.*
  - **Prior to submission of MIS stats** to the responsible centralized PPH Program Admin, the lead CA administrative assistant will insert the number of immunizations provided by their PH Clerk in the given month in the *Immunization Collection Cell* located on the *PPH MIS Monthly Report- Team Roll Up.*

5.2 Submission to PPH program and storage of completed MIS statistics:

- Team Managers are responsible for reviewing their team's collated MIS statistics prior to submission to the PPH program.

- All MIS stats **must** be submitted electronically, using the designated spreadsheet provided by the PPH Program, to WRHA490Hargrave-CentralPPHStatistics@wrha.mb.ca
  By the end of the **5th working day of each month.**

- All community area submissions and reports should be filed electronically in the community area office.

5.3 Program submission to WRHA Finance and feedback loop to teams:

- Each month the designated Program Administrative Support will access the individual community area *PPH MIS Monthly report - Community Area Template* summaries through the central PPHStatistics email account and use to generate an Aggregate Population and Public Health MIS Summary.

- The Aggregate Population and Public Health MIS Summary will consist of a roll-up of each of the following MIS indicators:
  - PPH Direct Contacts (individual, family, group, community), including # of participants for family and group level encounters.

- The Aggregate Population and Public Health MIS Summary once collated will be forwarded monthly to the PPHOT distribution list.
- PPH submits aggregate data monthly to WRHA Finance, who in turn submits to MHSAL and in turn MHSAL reports a subset of the data to CIHI.

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7.0 Appendices:

Appendix A: *Instructions to PH Clerks on collecting monthly community immunization reports*—***On Hold.***

Appendix B: PPH MIS Data Collection - Example Scenarios