

Mental Health Outcomes & Assessment Tools (MH-OAT) Data Collection Reporting Requirement 1 July 2006

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Functional Sub group Corporate Administration - Information and data
Clinical/ Patient Services - Mental Health
Clinical/ Patient Services - Information and data

Summary This policy directive updates and replaces PD2005_202 (previously Circular 2001/53) released on 21 June 2001. It relates to the ongoing collection of clinician and self rated client outcome measures for mental health clients according to the Mental Health Outcomes and Assessment Tools (MH-OAT) protocol in NSW.

Replaces Doc. No. Mental Health Outcomes and Assessment Statistics (MH-OAT) Data Collection [PD2005_202]

Author Branch Mental Health and Drug and Alcohol Office

Branch contact Carolyn Muir 9391 9327

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, Divisions of General Practice, NSW Ambulance Service, NSW Dept of Health, Public Hospitals

Audience All mental health staff within all mental health care settings

Distributed to Public Health System, Community Health Centres, Divisions of General Practice, NSW Ambulance Service, NSW Department of Health, Public Hospitals

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Policy Manual Not applicable

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

MENTAL HEALTH OUTCOMES AND ASSESMENT TOOLS (MH-OAT) DATA COLLECTION

Reporting and Submission Requirements – 1st July 2006

1. Introduction

This policy directive updates and replaces PD2005_202 (previously Circular 2001/53) released on 21 June 2001.

It relates to the ongoing collection of clinician and self rated client outcome measures for mental health clients according to the Mental Health Outcomes and Assessment Tools (MH-OAT) protocol in NSW.

1.1 Changes in this update:

- **Weekly extraction of MH-OAT data to the Area Health Information Exchange from source systems**
- **Weekly extraction of MH-OAT data from Area HIE to State HIE (Section 6)**
- **General clarification in all sections**

1.2 The purpose of the collection is to:

- Provide information about the clinical/psychological status of clients treated by all public specialist mental health services in NSW. Rating is done before, after and during the episode of care. These outcome measures can be linked for an individual to the activity components of that client's journey across a variety of settings to provide information about the effectiveness of care and change in client status over time.
- Linkage is achieved by using a unique person identifier.

Details of the following issues are included

1. Introduction
2. Scope of Collection
3. Mandatory Recording Requirements
4. Reporting
5. Data Submission
6. Compliance Monitoring
7. Data Quality
8. Privacy
9. Security of the data
10. MH-OAT data collection information – access and dissemination
11. Contact Information
12. Appendix – Required Data Items for the MH-OAT Data Collection
13. Glossary

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1.4 It is essential that this Policy Directive be distributed to all staff involved in the collection and supply of data for the MH-OAT data collection. These include:

- All mental health staff in public mental health services in NSW.
- Area Mental Health Information Staff
- Area Directors of Mental Health
- Area and State Health Information Exchange Coordinators
- Staff of State and Mental Health Unique Patient Identifier Facilities
- Central Office NSW Department of Health
- Health Technology

2. Scope of Collection

The MH-OAT data collection is an ongoing statewide collection, which is managed on a financial year basis but which reports to the HIE weekly and generates a continuous client record over time.

2.1 The MH-OAT data collection applies to:

- The capture of outcomes and casemix data for clients of specialist mental health services that report to the National Survey of Mental Health Services.
- These services may be for Admitted Patient Care which includes care at a public psychiatric facility or a designated psychiatric unit in a public hospital; or Community Residential Care (clinically staffed 24hr or less); or ambulatory care where the client is not concurrently an admitted or community residential client. A change between any of these settings indicates a new episode of care for the data collection.
- Specialist mental health services that are not funded under the mental health financial program are in scope but participation is currently by negotiation.
- Consultation Liaison services may choose to record MH-OAT measures where relevant.

2.2 Mental Health Funded Private Organisations and NGOs

While there is no mandate for these services to participate, individual contracts with NGOs under future partnership arrangements may include provision to report MH-OAT data.

3. Mandatory Recording Requirements

- Recording of MH-OAT data in NSW is a requirement under the Quality Through Outcomes (QTO) contract under the Australian Health Care Agreement between the NSW Department of Health and the Commonwealth Department of Health and Ageing
- Mental Health Service Agreements between Areas and the Director General of Health, require Areas to improve compliance with the recording of MH-OAT collection occasions according to set targets based on other service activity and population numbers.
- The appropriate MH-OAT Standardised Measures Module SM1 or SM2 or electronic equivalents, and other MH-OAT data items must be completed on admission, review and discharge from NSW mental health services according to the specifications, definitions and business rules in the most current version of Data Collection and System Requirements NSW Mental Health Outcomes and Assessment Tools (MH-OAT).
- The adult self-report measures (SR1 and SR2), parent-report measures (PC1, PC2, PY1, PY2) and youth measures (YR1, YR2) must also be offered in accordance with the protocols in Data Collection and System Requirements NSW Mental Health Outcomes and Assessment Tools (MH-OAT).
- Item definitions are also included in the NSW Department of Health Information Resource Directory (HIRD) on the Intranet. This incorporates the requirements of the National Outcomes and Casemix Collection (NOCC).
- The required items are listed in the Appendix to this document.
- The specific measure to be used at a particular instance is decided by a combination of Age Group of client, treatment setting and reason for collection. It is expected that where direct entry into an electronic system is undertaken, the system will assist clinicians to select the appropriate standard measure for the circumstances.
- Direct clinician entry of these ratings into an electronic system is recommended so clinicians may also access the available client reports in the system.
- Measures must be rated and recorded at least on a paper form by the responsible clinician. Further data entry may be done by a clerical assistant on behalf of the clinician.

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4. Reporting from MHOAT

4.1 Supported Collections

MH-OAT data in NSW supports the following Commonwealth and NSW reporting requirements:

- Provision of the **National Outcomes and Casemix Collection (NOCC)** required under the **Quality Through Outcomes Funding Agreement**.

5. Submission of Data

- Data are to be extracted from SCI MH-OAT or equivalent system to the Area Health Information Exchange (HIE) **at least weekly**. A further extract from Area to State HIE occurs after encryption of identifiers and exclusion of names.
- Data are to be extracted according to the MH-OAT extract file format specified in the latest version of Fujitsu Document HIE Mental Health MH-OAT Extract Format PO 3496
- The extracts are to be submitted **weekly** on a day to be arranged. Area HIE co-ordinators are to ensure that feeds will be sent to the State HIE in the standard weekly feed.
- Extracts are to include all new and updated records for the extract period.
- Full financial year electronic unit record data by service unit for the MH-OAT collection must be submitted to the Area HIE and have passed data quality checks and Mental Health Unique Patient Identifier (MHUPI) reconciliations by no later than two months following the end of a financial year.
- For quarterly performance monitoring, complete MH-OAT data for each quarter needs to reach the State HIE by the end of the second month following the end of the quarter as below:

Quarter of Financial Year	Due date in State HIE
July - September	30 November
October - December	28 February
January to March	31 May
April to July	31 August

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6. Compliance Monitoring

- The NSW Department of Health will monitor compliance with the reporting requirements set in this Policy Directive and will produce compliance reports for each reporting period. The compliance will be based only on the data in the NSW Department of Health's HIE (Health Information Exchange).
- The quarterly compliance reports will be distributed to the Health Service Chief Executives Area Directors of Mental Health, the Director, Centre for Mental Health and are the basis for contract reporting to the Commonwealth.

7. Data Quality

- An electronic data quality checking utility will be made available for identifying errors and omissions in the extracts from collection systems. This utility will be independent of the collection system.
- Data errors and missing data identified by this utility, the HIE or the MHUPI reconciliation checks are to be corrected and records resubmitted to the Area HIE within 2 months of the end of the month in which the activity took place.
- MHUPI reconciliation checks will occur in accordance with the Mental Health UPI Reconciliation Guidelines and Procedures and the current agreement between the Area Health Service and the Department.
- It is mandatory that Area Health Services undertake data quality checks to ensure that all fields are complete and that inconsistencies in the data within a particular record are identified and corrected.

8. Privacy

The Health Records and Information Privacy Act 2002 and PD2005_593 NSW Health Privacy Manual (Version 2) must be observed for all data relating to the MH-OAT data collection. The NSW Health Privacy Manual provides operational guidance for health service staff to the legislative obligations imposed by the Health Records and Information Privacy Act 2002. The document outlines procedures to support compliance with the Act in any activity that involves personal health information.

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9. Security of the data

9.1 Hard Copy

Data submitted in hard copy (paper) format for batch entry within an Area must be kept secure at all times. This means records must be sent by secure post (or courier) using a service that records the name of the persons handling the data.

9.2 Electronic Copy

Data sent in electronic format should not be sent by Internet e-mail unless authorised in advance. Data submitted by e-mail within the Health Network is to be encrypted and password protected. The password must be provided separately to the email containing the data.

10. MH-OAT data collection information – access and dissemination

10.1 Source Systems

Area source systems provide a series of reports to assist clinicians with patient management and care planning using the results of the measures.

10.2 Area

Identified client outcome data at Area level is available in Area Health Information Exchanges (AHIE) after signing confidentiality agreements and undertaking suitable HIE training. These data can be linked across the Area and to other client activity data for the same client using the Mental Health Unique Patient Identifier or the State Unique Patient Identifier.

10.3 State

Linkage between the outcome data set and other client activity datasets will be undertaken by a qualified Biostatistician so that linked datamarts can be made available. These will be identified at Area level and de-identified at State level.

Deidentified statewide data will be available from:

- Health Outcomes Information Statistical Toolkit (HOIST) that is accessible by staff of the Department and Area Health Services on signing a confidentiality agreement.
- NSW Statewide Health Information Exchange on signing confidentiality agreements.
- Written request to the Director, Centre for Mental Health.

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10.4 National

Deidentified data sets of MH-OAT information will be provided to the Commonwealth for inclusion in the National Mental Health Outcomes and Casemix Collection (NOCC) by December following the financial year of collection.

Up to date information about the MH-OAT data collection will be available on the MH-OAT website: <http://internal.health.nsw.gov.au/policy/cmh/MH-OAT>

11. Contact Information

- For further information about this Policy Directive and the MH-OAT data collection, contact:

Carolyn Muir, Principal Information Officer
Centre for Mental Health
Phone: 02 9391 9237
E-mail: cmuir@doh.health.nsw.gov.au
- Requests for further information about this Policy Directive may also be faxed to the MH-OAT Project Officer at InforMH on 02 9887 5722
- All definitions and metadata documentation for this collection can be found in the Health Information Resource Directory (HIRD) via the NSW Health Intranet.
<http://internal4.health.nsw.gov.au/hird/index.cfm>

Robyn Kruk
Director-General

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12. APPENDIX: Required Data Items for the MH-OAT Data Collection

Rating response and summary score data items as specified in age specific standardised measures

Children

- HoNOSCA (Health of the Nation Outcome Scales for Children)
- ICD10 Factors influencing health status
- CGAS (Children's Global Assessment Functioning Scale)
- SDQ (Strengths and Difficulties Questionnaire)

Adults

- HoNOS (Health of the Nation Outcome Scales)
- LSP-16 (an abbreviated version of the Life Skills Profile)
- K10+–LM or K10–L3D (two versions of the Kessler-10).

Older people

- HoNOS 65+ (an alternative version of the HoNOS)
- RUG-ADL (Resource Utilisation Groups – Activities of Daily Scale)
- LSP-16 (an abbreviated version of the Life Skills Profile)
- K10+–LM or K10–L3D (two versions of the Kessler-10).

Data items identifying the Person

- Family name
- First given name
- Date of birth
- Sex
- Person identifier

Data items identifying the Collection occasion

- Area Health Service
- Mental Health Service Setting
- Collection Date
- Responsible service unit
- Responsible staff member
- Facility/location at time of collection occasions
- Age group
- Reason for collection

Data Items about preceding period of care

- Principal Diagnosis
- Focus of care
- Mental Health Legal Status

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Other Indicators

- Previous specialised treatment
- Early psychosis intervention eligibility
- Collection Status for each measure

13. GLOSSARY

ACRONYM	DEFINITION
MH-AMB	Mental Health Ambulatory data collection
AHCA	Australian Health Care Agreement
HIE	Health Information Exchange (data warehouse)
DOHRS	Department of Health Reporting System
MHEC	Mental Health Emergency Care program
CAMHSNET	Child and Adolescent Mental Health Services Network
PECC	Psychiatric Emergency Care Centre
PAS	Patient Administration System
MHUID	Mental Health Unique (patient) Identifier
SUID	State Unique (patient) Identifier
NAPOOS	Non Admitted Patient Occasions Of Service
ECT	Electro Convulsive Therapy
NSMHS	National Survey of Mental Health Services
PPCDC	Program and Product Cost Data Collection
NGO	Non Government Organisation
GP	General Practitioner
HIRD	Health Information Resource Directory
NMDS	National Minimum Dataset
SCI MH-OAT	Service Contact Information Mental Health Outcomes and Assessment Tools interim data collection system
NHIA	National Health Information Agreement
MHCCP	Mental Health Clinical Care and Prevention service planning model

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CHAMB	Community Health Ambulatory Extract to the HIE from July 2000
CHAMB2	Community Health Ambulatory Extract to the HIE Version 2 from July 2003
HOIST	Health Outcomes Information Statistical Toolkit