

Mental Health Ambulatory (MH-AMB) Data Collection Reporting and Submission Requirements 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_325 (previously Circular 2003/66) released on 22 September 2003. It relates to the continuation of the NSW Mental Health Ambulatory Data Collection (MH-AMB) that began in July 2000 to meet minimal Mental Health reporting requirements for NSW under the Australian Health Care Agreement 1998-2003.

Replaces Doc. No. Mental Health Ambulatory (MH-AMB) Data Collection NSW - 1 July 2003 [PD2005_325]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Community Health Centres, NSW Ambulance Service, NSW Dept of Health, Public Hospitals

Audience All administration, clerical and clinical mental health staff within all mental health care settings

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

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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This Policy Directive may be varied, withdrawn or replaced at any time.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 AMBULATORY (MH-AMB) DATA COLLECTION

Reporting and Submission Requirements – 1st July 2006

1. Introduction

This policy directive updates and replaces PD2005_325 (previously Circular 2003/66) released on 22 September 2003.

It relates to the continuation of the NSW Mental Health Ambulatory Data Collection (MH-AMB) that began in July 2000 to meet minimal Mental Health reporting requirements for NSW under the Australian Health Care Agreement (AHCA) 1998-2003.

MH-AMB was upgraded from July 2003 to satisfy NSW reporting requirements and revised national requirements for the AHCA 2003-2008.

Electronic unit records provide the basis for counts of non admitted mental health activity under a variety of reporting requirements met by this collection.

1.1 Changes in this update:

- **Weekly extraction of CHAMB2 data to the Area Health Information Exchange from source systems**
- **Weekly extraction of CHAMB2 data from Area HIE to State HIE (Section 6)**
- **General clarification in all sections**
- **Specific inclusion of Mental Health Emergency Care activity and CAMHSNET activity**
- **Identification of data items that must be completed to satisfy AHCA requirements (section 4).**

1.2 The purpose of the collection is to:

- Provide statewide information about the clients, the care they receive and the clinicians delivering that care for ambulatory Specialist mental health services in NSW.
- Provide statewide information about ambulatory mental health care delivered to clients by clinicians who work for non ambulatory mental health services.
- Provide statewide information about non client activity by staff employed by ambulatory mental health services where Areas wish to collect this information.
- Provide the ambulatory component of a series of linked databases in the HIE which will enable the generation of the continuous client journey over time and service settings, for any individual who has

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had contact with a public mental health service since June 2000. This linkage is achieved by using a unique person identifier.

- Provide a data source which satisfies the conditions of the Australian Health Care Agreement in relation to the National Minimum Dataset Community Mental Health Care.

1.3 Details of the following issues are included:

1. Introduction
2. Scope of Collection
3. Definitions
4. Mandatory Recording Requirements
5. Reporting
6. Submission of Data
7. Compliance Monitoring
8. Data Quality
9. Privacy
10. Security of the Data
11. MH-AMB data collection information – access and dissemination
12. Contact Details
13. Appendix – Data items in subject area order
14. Glossary

1.4 It is essential that this circular be distributed to all staff involved in the collection and supply of data for the MH-AMB 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
- Health Information Exchange (HIE) Coordinators
- Staff of the State and Mental Health Unique Patient Identifier Facilities
- Area DOHRS and casemix co-ordinators
- Central Office NSW Department of Health
- Health Technology

2. Scope of Collection

MH-AMB is a NSW statewide non admitted data collection which is managed on a financial year basis but which extracts data to the HIE weekly.

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2.1 MH-AMB includes:

- All **client** related activity delivered by ambulatory **specialist mental health service units** in any location and to any client, including prevention and promotion activities.
- All activity delivered by inpatient or residential specialist mental health service units to non admitted and non residential clients.
- All client related activity delivered by specialist mental health **consultation liaison** teams or providers regardless of client treatment setting.
- All client related activity delivered by specialist mental health staff in Emergency Departments and PECC units until they achieve inpatient unit status whence the mandated admitted patient data must be collected in PAS systems.
- All client related activity delivered by mental health CAMHSNET supported bed staff.
- It MAY INCLUDE activity delivered to mental health clients by providers external to the mental health program.
- It MAY INCLUDE any non client activity performed as part of their employment by staff of ambulatory specialist mental health service units.

2.2 MHAMB excludes:

- Services provided by inpatient specialist mental health service unit staff to admitted patients in mental health inpatient units.
- Services provided by residential specialist mental health staff to patients admitted to residential mental health services.
- Services provided by PECC unit staff to patients who have been admitted to the PECC inpatient unit. (If the beds are not specifically mental health beds in an identified location then the unit is still considered ambulatory and providing consultation liaison to the ED).

3. Definitions

3.1 Clients

- **A client** may be identified or unidentified and need not be registered by the service unit or accepted for ongoing treatment. Any person who receives any level of clinical care/advice/support that is more

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than brief **information only** is deemed to be a client for this collection. Persons who are triaged by phone and referred elsewhere are considered clients. The degree of information collected for such clients will vary.

- **Identified Clients** are those for whom sufficient identifying information is recorded to allow Client Data Linkage processes and the assignment of a Mental Health Unique Patient Identifier (MHUID) or a State Unique Identifier (SUID) for their continuous electronic record.
- **Unidentified clients** include a wide range of other people who receive services as unidentified individuals or receive mental health promotion and prevention services as members of groups or organisations or target populations. This includes all situations where the creation or updating of an individual client record is either impossible or clinically unnecessary.

3.1.1 Client related activity includes:

- **Direct care** where a client is present by any means of communication.
- **Indirect care** where the client is not present by any means of communication but an activity is performed for/on behalf of that particular client. This may or may not be a contact with another provider or family member and the client may not be identified.

3.2 Ambulatory specialist mental health care

This includes but is not limited to the assessment, treatment, rehabilitation or other care of non-admitted patients that has historically been captured as Non Admitted Patient Occasions of Service (NAPOOS).

It also includes:

- mental health promotion and illness prevention
- day programs
- psychiatric outpatient and outreach services (eg, home visits)
- care provided by hospital-based or other consultation-liaison services to admitted patients in non-psychiatric and hospital Emergency Department settings
- care provided by community workers to admitted patients and to clients in community residential settings where the worker is not employed by the residential service unit as a residential staff member
- same-day admitted patient care is also included in the “ambulatory” definition, except for defined same day procedures such as Electroconvulsive Therapy (ECT) which is recorded in PAS systems as

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part of the Admitted Patient Data Collection. All same-day admitted patient care is recorded in PAS systems as part of the inpatient statistics collection.

Care may be **direct (client present)** or **indirect (client not present)**.

3.3 Specialist Mental Health Services

- **Specialist Mental Health Services** are defined for the National Minimum Data Set- Community Mental Health Care as those services providing mental health care that Areas designate for reporting in the **National Survey of Mental Health Services (NSMHS)** each year. This may include services not currently reporting in Financial Program 3.1 (Mental Health). The MH-AMB supports reporting from all Financial programs and Sub-programs recognised in the Product and Program Cost Data Collection (PPCDC).
- The MH-AMB data collection supports the recording of care activity for identified clients by NSW Health services outside the Mental Health Financial Program, and by other human services agencies operating in partnership with specialist mental health service providers (eg, Department of Housing, NGO's, GP's).

3.4 Mental Health Funded Private Organisations and NGOs

Where private organisations and NGOs are contracted to supply services within the scope of this collection on behalf of Area Health Services, it is the responsibility of the AHS to ensure that it can meet the reporting requirements.

4. Mandatory Recording Requirements

4.1 Definitions of Data Items?

Data in the format defined in the current version of the *New South Wales Mental Health Data Dictionary* (as documented in the Health Information Resource Directory HIRD on the Health Intranet) are to be recorded by all in scope service units for all in scope clients. A list of required items in subject order is in the Appendix to this document.

Where NMDS appears after a data item, this item is mandatory to comply with AHCA requirements. These items must be completed with a valid value and must not be left blank.

4.2 What Activity is Recorded?

All services under the Mental Health Financial Program (3.1 or DOHRS program 8) which provide ambulatory mental health care must:

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- Record all direct client care activity (client present) provided by any means of communication to individuals, whether they are identified clients or not.
- Record all indirect client care activity (client not present) that can be attributed to an individual identified client. This includes travel time, report writing, care conferences, and other defined indirect care activity identified in the current Mental Health Data Dictionary.
- Record all care activity provided in group situations for each identified client.
- Record all other direct care activity provided in group situations to other clients.

4.3 Who is responsible for Recording activity?

Every provider is responsible for recording their own involvement in ambulatory mental health activity. This includes multi-provider activities.

4.4 Must All Activity be Recorded?

Provider activity that is not directed towards specific clients, such as training courses, clinical supervision, attendance at conferences etc may be recorded but is **not mandatory**.

General administrative and other activity such as service planning and management may be recorded but is **not mandatory**.

4.5 How is the Activity Recorded?

The preferred method for recording activity under the MH-AMB collection is by direct clinician entry into the Department's interim system, SCI MH-OAT or equivalent system. Recording on paper forms that are then entered into the electronic system may also be used but this form of entry is not recommended because reports in the system are not immediately available to the clinician.

5. Reporting from MH-AMB

5.1 Supported Collections

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

- Provision of the National Minimum Dataset - Community Mental Health Care as required under the Australian Health Care Agreement (AHCA) with NSW, and the National Health Information Agreement (NHIA)

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- Honouring of the commitment to NSW Treasury to provide a resource weighted activity measure for ambulatory mental health (client related provider time).
- Provision of data as required for the Department of Health Reporting System (DOHRS).
- Provision of ambulatory mental health care activity data to support Targets and Indicators under the Health Service Performance Agreements and Mental Health Service Agreements.
- State-wide planning activities for mental health services according to the Mental Health Clinical Care and Prevention model (MHCCP)

6. 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 in the CHAMB2 extract format which is defined in the current version of HIE Mental Health Feed Scope PO 3201.
- The data items required for collection to produce the CHAMB2 extract may vary depending on the source system and its ability to generate and display particular fields, but the final extract must conform to CHAMB2 definitions and format.
- The extracts are to be submitted **at least weekly** on a day to be arranged. Area HIE Co-ordinators are to ensure 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-AMB collection must be submitted to the Area HIE and passed data quality checks and MHUPI reconciliations by no later than two months following the end of a financial year.

7. Compliance Monitoring

- The NSW Department of Health will monitor compliance with the reporting requirements set in this Circular and will produce compliance reports on a regular basis. The compliance will only be based on accessible data in the NSW Department of Health HIE.

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- The compliance reports will be distributed to the Health Service Chief Executives, Area Directors of Mental Health and the Director, Centre for Mental Health.
- Compliance and Performance Reporting will be based only on data which can be accessed from the State HIE.

8. 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 the MHAMB collection system 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.

9. 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-AMB 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.

10. Security of the data

10.1 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.

10.2 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

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should be encrypted and password protected. The password must be provided separately to the email containing the data.

11. MH-AMB data collection information – access and dissemination

11.1 Source Systems

Area source systems provide a series of reports to assist Area staff to manage clients and services at local level.

11.2 Area

Datamarts will be constructed in all HIEs so that identified Area-wide data can be accessed from Area Health Information Exchanges in accordance with predetermined access arrangements on signing confidentiality agreements as required by the Area. Persons accessing the HIE will be required to undergo suitable training prior to access being granted by an Area.

11.3 State

State-wide de-identified data sets of MH-AMB information are available in the State HIE from 2000/01 onwards but require datamarts to be constructed for ease of use.

State-wide de-identified data will be accessible from:

- Business Objects reports in the State and Area HIEs
- Health Outcomes Information Statistical Toolkit (HOIST) which is accessible by staff of the Department and Area Health Services on signing a confidentiality agreement.
- NSW State-wide Health Information Exchange for appropriate staff on signing confidentiality agreements.
- Written request to the Director, Centre for Mental Health.

11.4 National

De-identified data will be provided as required by the Commonwealth according to agreed specifications for inclusion in the National Minimum Dataset - Community Client Mental Health Care by December following the end of each financial year.

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12. Contact Information

- For further information about this Policy Directive and the MH-AMB collection, contact:
Carolyn Muir
Principal Information Officer
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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 Performance Management and Monitoring Unit c/o Centre for Mental Health on 02 9391 9041.
- 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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13. Appendix: List of MH-AMB Data Items by Subject

Individual client

Aboriginal and Torres Strait Islander Origin(NMDS)
 Address of usual residence:
 Building/property name
 Postcode
 State/Territory
 Street Name
 Street Number
 Town/Suburb (NMDS)
 Client's alias family name
 Client's alias given name
 Client's family name
 Client's given name
 Client's middle name
 Centrelink number
 Country of birth (NMDS)
 Date of birth (NMDS)
 Department of Veterans' Affairs:
 File number (NMDS)
 Health card type (NMDS)
 Early intervention flag
 Estimated date of birth flag (NMDS)
 HASI flag
 JGOS flag
 Local person identifier (NMDS)
 Marital status (NMDS)
 Medicare number
 MRN facility ID
 Next of kin family name
 Next of kin given name
 Preferred language (NMDS)
 Previous specialist treatment (NMDS)
 Sex (NMDS)
 Telephone number – business
 Telephone number – home
 Unique person identifier – AHS
 Unique patient identifier – State

Group Client

Mental health target group type
 Number of clients

CDL Items

Client's maiden name
 Father's family name
 Father's given name
 Mother's family name
 Mother's given name
 Mother's maiden name

Service delivery

Activity code mental health
 Activity codeset
 Activity duration (NMDS)
 Activity qualifier
 Activity start date (NMDS)
 Activity start time
 Additional diagnosis
 Allocated provider time
 Client present status
 Financial class
 Flag activation date
 Legal status (NMDS)
 Mental health clinical intervention code
 Mental health diagnosis group (NMDS)
 Mental health principal service category
 Mental health service referred from
 Mental health service referred to
 Multidisciplinary flag
 Number of providers
 Referred to further care (NMDS)
 Service contact duration
 Service contact mode
 Service delivery location type
 Service delivery location
 Service event ID
 Service recipient type
 Service request ID
 Source of referral

Service provider

Area identifier (NMDS)
 Individual provider identifier
 Mental health provider role
 Mental health provider type
 Provider award (State)
 Provider financial program PPDC
 Provider financial subprogram/category PPDC
 Service unit identifier (NMDS)

Extract processing items

CDL flag
 Database Identifier
 DOHRS flag
 Extract end date
 Extract generation date
 Extract generation time
 Extract identifier
 Extract start date
 MDS flag
 NAPOOS Flag
 Record count
 Record identifier
 Transaction type

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14. 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
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