OPERATIONAL DIRECTIVE

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File No: RSD-08564

Subject: MANDATORY DATA COLLECTION AND RECORDING REQUIREMENTS FOR SPECIALISED PUBLIC MENTAL HEALTH SERVICES

1. Purpose

This operational directive describes the mandatory data collection and recording requirements for all specialised public mental health services in Western Australia. Specialised public mental health services are defined as those with a primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function. In Western Australia, specialised public mental health services include the following:

- Authorised hospitals and designated mental health units in general hospitals.
- Residential mental health services.
- Ambulatory mental health services which include hospital outpatient clinics and non-hospital community mental health services.

This circular should be read in conjunction with Operational Circulars:
- Ambulatory (Community) Mental Health Data Collection – OP 1916/05
- Access to the Mental Health Clinical Information System PSOLIS – OP 1914/05

2. Background

In 1992, Australian Health Ministers endorsed the National Mental Health Strategy. An important factor contributing to the Strategy was recognition of the lack of quality information and the absence of a consistent data collection for mental health. The Strategy gave priority to improving the quality and availability of mental health data primarily to ensure the provision of appropriate care.

In addition all States and Territories in Australia are mandated to provide “agreed data” to the Australian Government under both the National Health Care Agreement and the supplementary Information Development Funding Agreements.

The Department of Health also has a mandate to provide de-identified data on mental health services to Parliament, Government Ministers, Department of Treasury and Finance, the media and the community on an ongoing regular basis for varying purposes. These purposes include publication in the Department’s Annual Reports, the Government Budget Statements and responses to ministerial and parliamentary queries.

No Longer Applicable
Withdrawn June 2016
3. **Mandatory Data Collections**

There are currently two mandatory data collections that all specialised public mental health services in Australia contribute to, as follows:

### A. National Minimum Data Sets (NMDS) - Mental Health Care

A NMDS is a core set of data elements agreed by the National Health Information Standards and Statistical Committee for mandatory collection and reporting at the national level. A NMDS is contingent upon national agreement to collect uniform information and supply it as part of the national collection. This does not preclude agencies and service providers from collecting additional data to meet their specific needs. The Australian Institute of Health and Welfare (AIHW) Metadata Online Registry (METeOR) incorporates the National Health Data Dictionary and is the authoritative source of health data definitions used in Australia where national consistency is required.

The NMDS Mental Health Care comprises one establishment level and three patient (consumer) record level data sets as follows:

- **Mental Health Establishments NMDS** (collects establishment level data on all publicly funded specialised mental health services including workforce profile and expenditure).
- **Admitted Patient Mental Health Care NMDS** collects information on consumers admitted to specialised mental health inpatient units.
- **Community Mental Health Care NMDS** collects information on consumers who are living in the community, external to hospital and residential settings who receive care from public sector community (ambulatory) mental health services.
- **Residential Mental Health Care NMDS** currently collects information on consumers admitted to government operated, 24 hour staffed residential units.

### B. The National Outcome and Casemix Collection (NOCC)

The NOCC data collection commenced in all jurisdictions in Australia in 2004 following a commitment made in June 1999 by Australian Health Ministers.

The NOCC was designed to supplement the three patient record level data collections of the NMDS Mental Health Care. Both the NOCC and NMDS patient record level collections cover the same health events. The NOCC is more clinically focussed and importantly collects information on the outcomes of mental health care.

4. **Mandatory Recording Requirements – NMDS and NOCC**

**NMDS**

a) **Patient record level:**

The Information Management and Reporting Directorate, Department of Health (DoH) receives data recorded by mental health services into TOPAS, HCARE and PSOLIS for the provision of nationally agreed mandatory data to the Australian and State Government statutory authorities. PSOLIS (the mental health clinical information system) was developed to be fully compliant with all the requirements of the patient level record NMDS. All mandatory data fields in PSOLIS have an asterisk (*) attached to them and until information is recorded in these data fields, no further progress through the system is permitted.
The AIHW METeOR incorporates the current National Health Data Dictionary that contains details on the nationally agreed mandatory data items for admitted and community mental health care and can be accessed through the Australian Institute of Health and Welfare website: http://www.aihw.gov.au/ through the Data Online tab.

Mental health inpatient services that are currently using TOPAS should continue to do so for admission and discharge details and this information is automatically copied into PSOLIS via the TOPAS to PSOLIS interface. Together with other specific fields that need to be entered directly into PSOLIS, this will comprise the complete patient record and NMDS data is extracted from this record. In the current version of PSOLIS, the additional ‘site specific’ admission fields that need to be entered directly into PSOLIS are:

- Source of referral – Transport;
- Care type changes;
- Payment classification; and
- Insurance status.

The only additional discharge field to be entered directly into PSOLIS when discharge to another hospital or institution is selected in TOPAS is ‘Discharged to’.

Ambulatory (non-admitted) service provision by mental health services are known as ‘service events’ in PSOLIS. Please refer to the Ambulatory (Community) Mental Health Data Collection Operational Circular for definitions of and business rules governing service events, service event items and occasions of service.

More information on the patient record level NMDS can be accessed through the AIHW website: http://www.aihw.gov.au/ through the Data online tab.

b) Establishment level:

As part of the commitment to improve the quality and availability of mental health data, Health Ministers in Australia agreed to establish a system for annual reporting of progress in achieving the reform objectives outlined under the National Mental Health Strategy. The Mental Health Establishments (MHE) NMDS is an annual collection of establishment level data from publicly funded specialised mental health services. The MHE NMDS collects information on expenditure, staffing, service types, activity level and consumer and carer involvement at a service level. The Mental Health Division coordinates and validates the MHE NMDS in collaboration with Managers and Directors of Mental Health Services. The MHE NMDS is not referred to any further in this Operational Directive.

NOCC:

The document ‘National Outcomes and Casemix Collection: Technical Specifications for State and Territory Reporting Requirements’ for the Outcomes and Casemix Components of Agreed data under National Mental Health Information Development Funding Agreements details the scope of requirements covering all public mental health services. It includes all the mandatory instruments for collection by all jurisdictions. For the current version of the NOCC Technical Specifications document please go to the website address: http://www.mhnocc.org

Clinical staff in public mental health services are required to record data collected in compliance with the NOCC protocol into PSOLIS. There is no requirement for a hard copy of All NOCC outcome measures that are recorded electronically in PSOLIS to be stored in clinical medical record files. However, the hard copies of the consumer self-reports including the, Strengths and Difficulties Questionnaire (SDQ), and the Kessler 10+ should be placed in the medical record. In
addition, a hard copy of the summary graphs and/or summary reports generated by PSOLIS is to be stored in the appropriate section of the medical record. Care should be taken not to add paper forms to the medical record unless it is clinically warranted.


The accurate entry of all data collected after completing outcome measures is a critical success factor for the NOCC. This will enable clinicians to make:

- Meaningful interpretation of change scores - Where clients and clinicians will be able to determine if and how client outcomes as measured by the instruments change over a period of time.
- Cross sectional comparisons - Where outcomes for clients with the same case complexity and diagnosis can be compared.

A table outlining the mandatory data to be collected at each Collection Occasion within each mental health service setting, for consumers in each Age Group is shown below.
Mandatory Collection for the NOCC

<table>
<thead>
<tr>
<th>Mental Health Service Setting</th>
<th>INPATIENT</th>
<th>COMMUNITY RESIDENTIAL</th>
<th>AMBULATORY (Community Mental Health)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collection Occasion</td>
<td>A R D</td>
<td>A R D</td>
<td>A R D</td>
</tr>
</tbody>
</table>

**Children and Adolescents**

- HoNOSCA
- CGAS
- FIHS
- Consumer Self-Report SDQ
- Principal and Additional Diagnoses
- Mental Health Legal Status

**Adults**

- HoNOS
- LSP-16
- Consumer self-report-K10+
- Principal and Additional Diagnoses
- Focus of Care
- Mental Health Legal Status

**Older persons**

- HoNOS 65+
- LSP-16
- RUG-ADL
- Consumer self-report-K10+
- Principal and Additional Diagnoses
- Focus of Care
- Mental Health Legal Status

**Abbreviations and Symbols**

- A Admission to Mental Health Care
- R Review of Mental Health Care
- D Discharge from Mental Health Care
- ● Collection of data on this occasion is mandatory
- ● ● Collection of data NOT required

**Mandatory collection occasions for the NOCC**

**Movement between Inpatient and Community (Ambulatory) Settings**

A mandatory NOCC collection occasion occurs when a client moves from one service setting to another, for example, community to inpatient or inpatient to community.

**Transfer of care between two different Mental Health Service Organisations**

A mandatory NOCC collection occasion occurs when a client is transferred from one MHS organisation to another. The following are some examples of transfers between two different MHS organisations:
• Alma Street inpatient service setting to Graylands Hospital.
• Kalgoorlie inpatient service setting to Graylands Hospital.
• PARK Community service setting to Alma Street inpatient.

If a client moves from a community service setting from one Organisation (e.g. Kalgoorlie) to another Organisation (e.g. Graylands) and they have not been discharged from the community service (the intention is that they will return after a period of hospitalisation), a ‘Review – other’ collection is to be completed. This will capture the change in the mental status of the client that led to the hospitalisation. When the client returns to the community service another ‘Review - other’ collection is to be completed.

For more information on mental health service organisations, refer to the PSOLIS User Manual available: http://psolis.health.wa.gov.au/

5. Monitoring and Reporting

NMDS:
Following receipt of the mandatory NMDS data recorded by mental health services, the Information, Management and Reporting Directorate validates the data with respect to data quality issues and liaises with mental health services as required prior to forwarding de-identified data to the Australian Government and other relevant statutory bodies.

NOCC:
Following receipt of the mandatory NOCC data recorded by mental health services, the Information, Management and Reporting Directorate in collaboration with the Mental Health Division validate the data received with respect to compliance and data quality issues and liaise with mental health services as required prior to forwarding de-identified data extracts to the Australian Government.

6. Timelines

It is the responsibility of the Heads of Mental Health Services to ensure the accurate and timely entry of mandatory data. The NOCC Technical Specifications referred to in 4 above sets out the timeframe for collection and recording of data.

7. Date effective

The effective date for Mental Health Services to implement this operational directive is the date of issue.

Dr Peter Flett
DIRECTOR GENERAL
DEPARTMENT OF HEALTH WA

This information is available in alternative formats upon a request from a person with a disability.