Government of **Western Australia**
Department of **Health**

Community Mental Health Patient Activity Data

Business Rules

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Links to:	Information Management Policy Framework https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management

Contents

Abbreviations

AIHW	Australian Institute of Health and Welfare
AMHCC	Australian Mental Health Care Classification
CGAS	Children's Global Assessment Scale
FIHS	Factors Influencing Health Status
GP	General Practitioner
HoNOS	Health of the Nation Outcome Scales
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
HoNOS 65+	Health of the Nation Outcome Scales 65+
K10 / K10-L3D / K10+LM	Kessler Psychological Distress Scale
LSP	Life Skills Profile
MHDC	Mental Health Data Collection
MHPoC	Mental Health Phase of Care
NOCC	National Outcomes and Casemix Collection
OCS	Occasion of Service
PSOLIS	Psychiatric Services Online Information System
RUG-ADL	Resource Utilisation Groups - Activities of Daily Living
SDQ	Strengths and Difficulties Questionnaire
SSCD	State-wide Standardised Clinical Documentation
UMRN	Unit Medical Record Number
WA	Western Australia

1. Purpose

The purpose of the *Community Mental Health Patient Activity Data Business Rules* is to outline criteria to correctly count and classify community mental health patient activity within the Western Australian health system.

The *Community Mental Health Patient Activity Data Business Rules* is a related document mandated under MP 0164/21 *Patient Activity Data Policy*.

These Business Rules are to be read in conjunction with this policy and other related documents and supporting information as follows:

- *Mental Health Data Collection Data Specifications*
- *Mental Health Data Collection Data Dictionary*
- *Patient Activity Data Policy Information Compendium.*

2. Background

Community mental health patient activity refers to care provided by public specialised mental health services for individuals in the community. Data relating to this activity are based on service contacts and are collected by the Department of Health in the Mental Health Data Collection (MHDC).

Business rules ensure the collection of mental health data is standardised across the WA health system and that Health Service Providers (HSPs) and Contracted Health Entities (CHEs) record, count and classify activity correctly for the services they provide. High quality information is required to inform the planning, monitoring, evaluation and funding of health services.

These Business Rules are revised annually, with reference to national policy and legislation, to ensure relevance and currency. Revisions are made following extensive consultation with stakeholders.

3. Contact details

Queries and feedback on the Business Rules can be submitted to the Department of Health via mentalhealthdata@health.wa.gov.au.

4. Scope

Activity in scope for the *Community Mental Health Patient Activity Data Business Rules* includes:

- mental health care delivered by community mental health services to non-admitted and non-residential clients
- mental health care delivered by hospital or residential mental health services to non-admitted and non-residential clients
- mental health care delivered by specialised mental health care providers in emergency settings.

Activity excluded are:

- specialised mental health inpatient services delivered to admitted patients (see

Admitted Patient Activity Data Business Rules), including same day admitted patient care delivered by community mental health care services

- 'in-reach' mental health care (i.e. service contacts provided to patients admitted to hospital or residential mental health services) by community mental health services
- mental health care delivered by non-specialised non-admitted services
- all non-specialised mental health care delivered in emergency settings
- support services that are not specialised mental health care services and care provided by non-government organisations
- care delivered by primary care providers and private psychiatrists and psychologists.

5. Definitions

For the purposes of these Business Rules, the key terms below have the following meanings.

5.1 Mental health care

Care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a medical practitioner with specialised expertise in mental health
- is evidenced by an individual formal mental health assessment and the implementation of a documented mental health plan
- may include significant psychosocial components, including family and carer support.

This includes services provided as assessment only activities.

Mental health care often takes place in the community, but some people may require this care in a hospital setting such as a hospital ward, an emergency department or an outpatient clinic. A mental health patient may be admitted to the hospital just for the day, a single overnight stay, or for a number of days.

5.2 Specialised mental health service

A service 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.

The definition excludes specialist drug and alcohol services and services for people with intellectual disabilities, except where they are established to assist people affected by a mental disorder who also have drug and alcohol related disorders or intellectual disability.

Specialised mental health services include community (also known as ambulatory) mental health care services; community residential mental health services; specialised mental health inpatient units; and psychiatric hospitals (authorised and non-authorised).

5.3 Community mental health care

Government funded and operated specialised mental health care provided by community mental health care services and hospital-based community care services, such as outpatient and day clinics.

5.4 Community mental health care service

A specialised mental health service that provides services to people who are not currently admitted to a mental health inpatient or residential service. Services are delivered by health professionals with specialist mental health qualifications or training. Community mental health services include:

- community-based crisis assessment and treatment teams
- day programs
- mental health outpatient clinics provided by either hospital or community-based services
- child and adolescent outpatient and community teams
- social and living skills programs
- psychogeriatric assessment services
- hospital-based consultation-liaison and in-reach services to admitted patients in non-psychiatric and hospital emergency settings
- same day admitted patient mental health care services
- home based treatment services
- hospital based outreach services.

5.5 Mental health program

The basic reporting unit that forms the lowest level of a community mental health care service. Program is the level at which mental health activity is captured in PSOLIS. Information can be grouped according to programs for reporting or any other purpose. Clients may be admitted to one or many programs.

For further information see Appendix A – Mental health service and program structure.

5.6 Medical record

Medical records are formal collections of information regarding an individual's healthcare plan, medical history, assessments and other health related documentation.

A medical record can exist in a physical, digital and/or electronic form. It is typically a record created when a patient first presents to a healthcare facility and is used to document care in all subsequent presentations. Where an electronic record is made as a substitute for a physical record, it is to be viewed and treated in a similar manner to the physical record.

While the medical record primarily serves the patient as a documented history by documenting patient care interactions, for the purposes of patient activity data reporting it is a necessary evidentiary record for mandatory audit purposes and to meet legislated funding agreements and record keeping requirements.

5.7 Service contact

The provision of a service event by a specialised mental health service provider deemed to be clinically significant, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question. A service contact is a reportable measure calculated by the MHDC and supplied for all data requests and activity reporting.

For further information on how this is defined and for examples see Appendix B – Service contacts.

5.8 Service event

The actual service provision/intervention provided to, or on behalf of, a client by a specialised mental health service provider. A service event can have one or many service event items delivered.

Service events include both direct and indirect care.

Direct care is where the client, or associate of the client, is present by any means of communication.

Indirect care is where the client, or associate of the client, is not present by any means of communication, but an activity is performed for or on behalf of that client.

5.9 Service event item

The lowest level that service event data is collected. A single service event item consists of a separate activity item, such as assessment, depot injection or clinical review.

For further information see Appendix C – Service event items.

5.10 Session type

An *individual* session type occurs when a client is present, or when a carer is present on behalf of one client.

A *group* session type occurs when two or more clients are present with or without carers, or carers are present on behalf of more than one client.

5.11 Consumer

A *consumer* is a person living with mental illness who uses, has used or may use a mental health service.

5.12 Patient

A *patient* is a consumer residing in an inpatient or residential unit.

5.13 Client

A *client* is a consumer living in the community, who receives or has received clinical care, advice or support (more than brief information) from a community mental health service. Persons who are triaged by phone and referred elsewhere are considered clients. The degree of information collected for such clients will vary.

An *active* client is a consumer who has been formally activated as a community mental health care service client and who has not been formally deactivated.

A client may be identified or unidentified and need not be registered by the service or accepted for ongoing treatment.

Identified clients are individuals for whom sufficient identifying information is recorded to allow the assignment of a Unit Medical Record Number (UMRN) for their continuous electronic record.

Unidentified clients include 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.

5.14 Carer

A person who has a caring role for a consumer of mental health services. They could be family, friends or staff and be paid or unpaid. The role of the carer is not necessarily static or permanent and may vary over time according to the needs of the consumer and carer.

5.15 Nominated person

A person who has signed a Form 12A – 'Nomination of Nominated Person' under the *Mental Health Act 2014*. A nominated person assists the client who made the nomination by ensuring that the rights of the client are observed, and the client's interests and wishes are taken into account.

5.16 Associate

Anyone who is related or connected to the client and involved in their care. An associate can be a person or organisation. This can include family members, carer, GP, emergency contact, agencies etc. An associate must not be government mental health staff or organisations.

5.17 Specialised mental health service provider

Any staff member employed by a specialised mental health service who provides specialised mental health care to a consumer of mental health services, including non-clinical staff.

6. Recording activity

6.1 Activity to be recorded

It is a mandatory requirement for all service events provided to, or on behalf of, a client by a specialised mental health service provider to be recorded.

It is not mandatory to record service event items which are not counted as reportable service contacts.

For further information see Appendix C – Service event items.

6.2 Responsibility for recording activity

Every specialised mental health service provider is responsible for recording their own service events.

6.3 How activity is to be recorded

Service events are to be recorded in the Psychiatric Services Online Information System (PSOLIS) in accordance with local health service policies and the PSOLIS business operating rules.

If multiple specialised mental health service providers deliver a service event to the same client *concurrently* a single service event should be recorded.

If multiple specialised mental health service providers deliver a service event to the same client *sequentially* a service event should be recorded for each specialised mental health service provider.

If one mental health service provider delivers a service event *sequentially* a service event should be recorded for each provision/intervention without a break.

For further information see Appendix B – Service contacts.

6.4 Information to be entered in PSOLIS

Specialised mental health service providers must enter the following client related activity information in PSOLIS:

- referrals to community mental health services
- triage events and service contacts within five (5) working days from the date of the service being provided
- activation and de-activation of clients, as clinically appropriate
- client diagnosis, reviews and updates throughout the client's community mental health episode, as appropriate
- *Mental Health Act 2014* Legal Orders, and associated notifications, within 24 hours of the order being made
- *State-wide Standardised Clinical Documentation (SSCD) forms*
- National Outcome and Casemix Collection (NOCC) and Australian Mental Health Care Classification (AMHCC) clinical measures in accordance with the NOCC protocol and AMHCC standards (see Appendix D – Reportable clinical measures)
- changes to the client's diagnosis at each NOCC collection occasion
- Mental Health Phase of Care (MHPoC) at each NOCC collection occasion

- MHPoC reviews and changes along with the appropriate clinical and consumer outcome measures.

7. Compliance and audits

7.1 Audit of Business Rules

The System Manager, through the Purchasing and System Performance Division, will carry out audits to ascertain the level of compliance with the business rules contained in this document. The purpose of the audit program is to add value, improve performance and support the business objectives of the Department of Health. Audit findings will be communicated to the HSPs, CHEs, to Information Stewards, HSP Chief Executives, the Director General and other relevant persons regarding the findings of compliance monitoring activities.

HSPs and CHEs are required to facilitate these audits by providing the required information and resources to the audit team.

Further information regarding audits conducted by the Health Information Audit Team is contained in the Health Information Audit Practice Statement.

7.2 Data quality and validation correction process

Data quality and validation processes are essential tools used to ensure the accuracy and appropriateness of data submitted to the MHDC. Validations are applied to individual data elements and reflect national reporting obligations, best practice and compliance with policy requirements, as well as the five data quality principles of relevance, accuracy, timeliness, coherence and interpretability.

Validations are used to support:

- Key Performance Indicators
- Activity Based Funding
- Clinical Indicators developed by the Office of Patient Safety and Clinical Quality
- health service monitoring, evaluation and planning
- reporting to the Federal Government
- research
- responses to Parliamentary requests/questions.

For further information on data quality and validation processes and timeframes refer to the *Patient Activity Data Policy Information Compendium*.

8. Glossary

The following definition(s) are relevant to this document:

Term	Definition
Contracted Health Entity	As per section 6 of the *Health Services Act 2016*, a non-government entity that provides health services under a contract or other agreement entered into with the Department Chief Executive Officer on behalf of the State, a Health Service Provider or the Minister.
Custodian	A custodian manages the day-to-day operations of the information asset(s) and implements policy on behalf of the Steward and Sponsor.
Data Collection	Refer to Information Asset.
Health Service Provider	As per section 6 of the *Health Services Act 2016*, a Health Service Provider established by an order made under section 32(1)(b).
Information asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Information Management Policy Framework	The Information Management Policy Framework specifies the information management requirements that all Health Service Providers must comply with in order to ensure effective and consistent management of health, personal and business information across the WA health system.
Patient Activity Data Business Rules	Patient Activity Data Business Rules mandate the rules, scope and criteria to be used when recording health service patient activity data and reporting to the Department of Health.
Sponsor	A Sponsor's role is to execute leadership over allocated information asset(s) functions on behalf of the Steward.
Steward	A Steward's role is to implement the strategic direction of information management governance as recommended by the Information Management Governance Advisory Group and manage the information asset(s) under their control to ensure compliance in line with legislation, policies and standards.
WA health system	Pursuant to section 19(1) of the *Health Services Act 2016*, means the Department of Health, Health Service Providers, and to the extent that contracted health entities provide health services to the State, the Contracted Health Entities.

9. References

These Business Rules should be read in conjunction with PSOLIS operational guidelines and the information linked below:

Australian Mental Health Care Classification Version 1.0

Community Mental Health Care National Minimum Data Set

Mental Health Care Data Set Specification

Mental Health Phase of Care Guide

National Outcomes Casemix Collection Technical Specifications

Residential Mental Health Care National Minimum Data Set

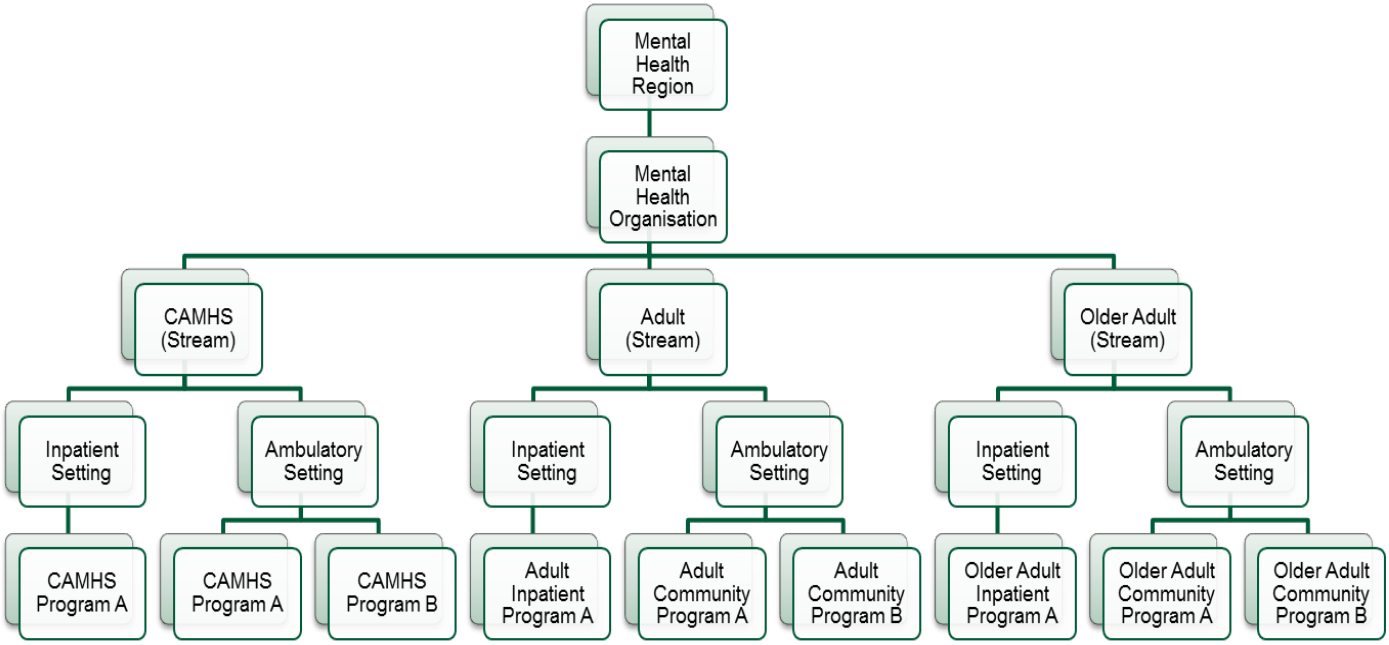
Appendix A – Mental health service and program structure

Mental health services are responsible for maintaining and reviewing the current programs within their organisation.

If amendments or new programs are required to be made in PSOLIS the MHDC team at the Department of Health must be notified in accordance with the 'Process for Creating, Closing or Renaming a PSOLIS Program.'

Once reviewed and approved, the request will be forwarded to the PSOLIS Support team for implementation.

Figure A1: Mental health/PSOLIS service structure



Appendix B – Service contacts

Service contacts are mandatory and reportable service events. They are reported in alignment with Australian Institute of Health and Welfare (AIHW) definitions, which states a service contact is:

> *the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, other than those patients/clients admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised residential mental health services, where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.*

The explanatory notes accompanying the AIHW definition provides more information about these units of measure, stating that service contacts:

- must involve at least two persons, one of whom must be a specialised mental health service provider
- include mobile and outreach services and consultation and liaison services
- are not restricted to in person communication but can include telephone, video link or other forms of direct communication
- can either be with a client or with a third party such as a carer or family member, other professional or mental health worker or other service provider. Services involving only a service provider and third parties are included as service contacts, where the nature of the service would normally warrant a dated entry in the clinical record of the client in question
- should be recorded for each client for which the service is provided, regardless of the number of clients or third parties participating
- may consist of multiple contacts on any one day for a client, including contacts involving third parties. If multiple mental health service providers deliver a service contact to the same client concurrently a single service contact should be recorded. If multiple mental health service providers deliver a service contact to the same client sequentially, a service contact should be recorded for each mental health service provider
- provided by all staff employed by a specialised mental health service, including non-clinical staff, should be recorded provided the nature of the service contact meets the definition
- should only include service provision if it is relevant to the clinical condition of the client, i.e. it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment) except where the nature of the service would normally warrant a dated entry in the clinical record of the client in question
- should not include instances where notes are made in the client clinical record that have not been prompted by a service provision for a client. Examples include noting receipt of test results that require no further action and noting a client did not attend a planned service contact
- should not include instances where documenting the client's service contact details is separated in time from the service provision; i.e. the documenting of the contact details is not counted as a separate service contact
- should not include travel to or from the location at which the service is provided, for

example to or from outreach facilities or private homes.

In WA a service contact is defined as those service event items where ALL of the following must occur:

- the service event item is a mandatory and reportable service event item. This includes items such as assessments, depot injections, counselling, and clinical reviews. Conditional service event items must have a client or carer present. Full details may be found in Appendix C – Service event items.
- there is no change in the health professional or health professionals present
- there is no break in time between service event items. The start time of the next service event item must be exactly equal to the end time of the previous service event item.
- the client has not been reported as unknown.

Note that service events of an administrative nature such as travel and clinical record keeping are not considered service contacts.

Clinical reviews

In WA clinical reviews typically represent over ten per cent of the total number of service event items recorded by ambulatory mental health care services, and it has become apparent that there are inconsistencies in the way clinical reviews are being recorded in PSOLIS.

While some services record clinical reviews as individual sessions, others record them as group sessions. Such inconsistencies have an impact on the calculation of the counts and duration of service contacts.

To ensure consistency with other jurisdictions, WA has adopted the national standards and definitions whereby:

- case conferences and clinical reviews entered into PSOLIS for community mental health service events are to be recorded as individual sessions
- the time spent discussing each client should be recorded separately where possible
- where the recording of individual session duration is not possible, the total time for the discussion should be apportioned evenly between the number of clients discussed. For example, for a discussion of one hour, during which six clients were discussed, a ten-minute session duration would be recorded for each client.

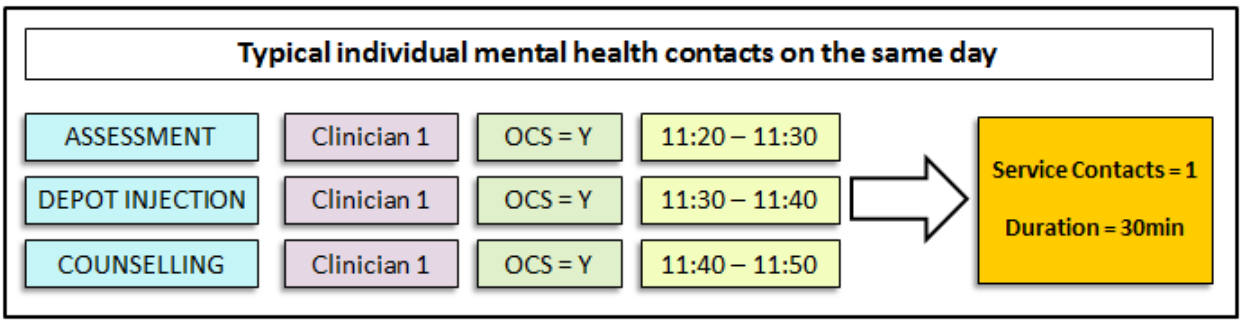
Service contact examples

The following are some typical examples that may assist in understanding how service contacts are counted.

Scenario one: One client with multiple reportable service event items

This scenario demonstrates a simple case where a client has three service event items recorded against them on the same day. All three items are mandatory and reportable, and the same service provider is present for all items (note: mandatory and reportable items are also known in WA as ‘Occasions of Service’, or OCS). This is counted as one service contact with a duration of 30 minutes. The service contact will be reported as an ‘Assessment’ as this is the first reportable item listed.

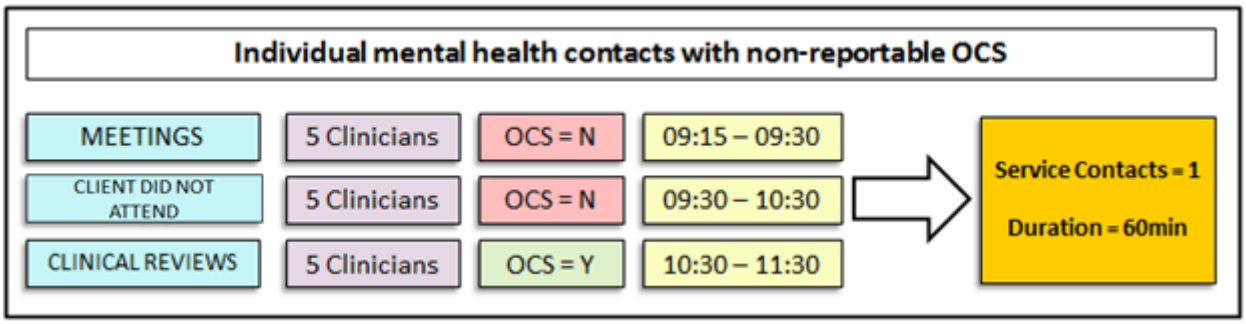
Figure B1: Typical individual mental health contacts on the same day



Scenario two: One client with multiple non-reportable service event items

This scenario demonstrates where a client has three service event items recorded against them on the same day. The first two items are non-reportable whereas the third item is reportable. The same service providers are present at all three items, and all three are adjacent in time. This is recorded as one service contact with a duration of 60 minutes. The first two items are excluded in the count; therefore, the service contact will be reported as a 'Clinical Review'.

Figure B2: Typical individual mental health contacts on the same day

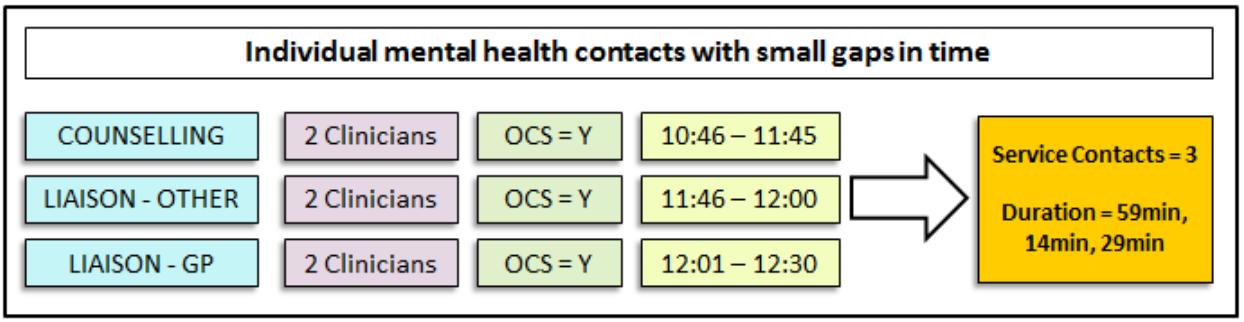


Scenario three: Small gaps in time between multiple service event items

This scenario highlights the entry of multiple service event items against a client with a small gap in time between service event items. All three contacts are mandatory and reportable, and the same service providers are present at all three. However, as there is a one-minute gap between the first and second, and second and third item, this will be incorrectly reported as three separate service contacts. Each service contact is reported as its relevant item name, i.e. 'Counselling', 'Liaison – Other' and 'Liaison – GP'.

Note that these items have not been entered correctly. These service event items should be entered as back to back service event items and should be reported as a single service contact.

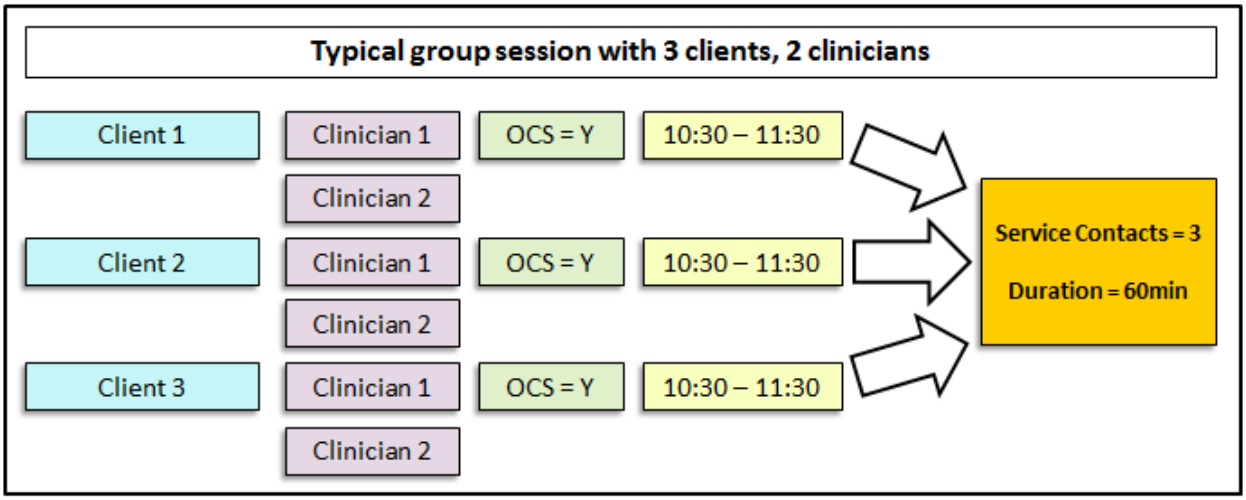
Figure B3: Small gaps in time between service event items



Scenario four: One client with multiple non-reportable service event items

This scenario comprises a group session where three clients were reported as attending and two health professionals were present. Assuming the group session is a mandatory and reportable service event item such as therapy, this will be reported as three service contacts with a duration of 60 minutes each.

Figure B4: Group sessions

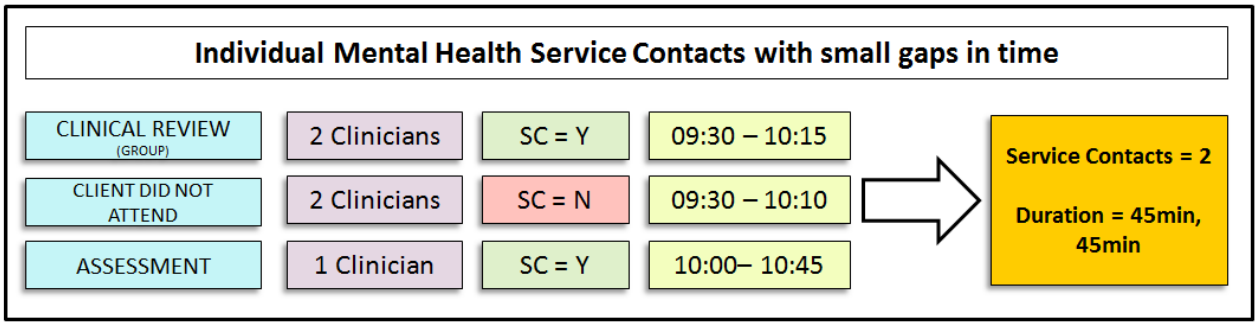


Scenario five: Concurrent and overlapping service event items

This scenario highlights current shortfalls in both data entry and PSOLIS. Concurrent and overlapping service event items effectively place either the client, or the Health Service Provider, in two places at the same time, and results in over-reporting of activity. These occur when the first service event in the sequence contains more than one client and Health Service Provider.

The example shown is where an ‘Assessment’ was entered for 9:30 to 10:15, another service event item ‘Client did not attend’ was entered for 9:30 to 10:10, followed by another ‘Assessment’ service event from 10:00 to 10:45 with just this entry having the one Health Service Provider and client from previous entries. This will be reported as two service contacts even though it is not possible for a client to receive two assessments at the same time.

Figure B5: Concurrent and overlapping service event items



Appendix C – Service event items

The table below lists the service event items currently available for recording in PSOLIS, and which of those are mandatory and are counted as a service contact.

(Note: TBD = To be determined)

Table C1: Mental health care service event items (current as at 27th January 2022)

Code	Service Event Item Name	Clinical	Service Contact
57	CLIENT DID NOT ATTEND	0	N
59	CLIENT ESCORT	1	Y
67	DRUG & ALCOHOL REHAB/DETOX	1	Y
69	FAMILY SUPPORT	1	Y
89	THERAPY	1	Y
96	NOCC CLEARANCE	1	N
TBD	NDIS ASSESSMENT	1	Y
TBD	NDIS REPORT WRITING	1	N
TBD	NDIS LIAISON – OTHER	1	Y
120	MEDICAL FOLLOW UP	1	Y
126	ASSESSMENT	1	Y
127	ASSESSMENTS OUTCOME MEASURES	1	C
128	CARER INTERVENTION - REFERRED/ACTIVE CLIENT	1	Y
129	CARER INTERVENTION - NON-REFERRED/NON ACTIVE CLIENT	1	N
130	CASE CONFERENCES	1	Y
131	CLIENT ADVOCACY	1	Y
132	CLIENT ASSISTANCE	1	Y
133	CLIENT EDUCATION & SKILLS TRAINING	1	Y
134	CLINICAL RECORD KEEPING	1	N
135	CLINICAL REVIEWS	1	Y
136	CLINICAL SUPERVISION	1	N
137	COUNSELLING	1	Y
138	CRISIS INTERVENTION	1	Y
139	DEPOT INJECTION	1	Y
140	FAMILY MEETINGS	1	Y
141	HEALTH EDUCATION/PREVENTION	0	N
142	INTAKE MEETING	1	Y
143	LIAISON - OTHER	1	Y
144	LIAISON - POLICE	1	Y
145	MEDICATION, ADMINISTERING	1	Y
146	MEDICATION REVIEW	1	Y
147	MEETINGS	0	N

Code	Service Event Item Name	Clinical	Service Contact
148	PROFESSIONAL DEVELOPMENT	1	N
149	REPORT WRITING	1	N
150	RESEARCH ACTIVITIES	0	N
151	SERVICE MANAGEMENT	0	N
152	SESSION PREPARATION	0	N
153	STAFF DEVELOPMENT	0	N
154	STUDENT EDUCATION	0	N
155	TRAVEL (STAFF)	0	N
156	EXTERNAL TRAINING	1	N
157	TRAINING PREPARATION	1	N
158	ASSESSMENTS NON-NOCC MEASURES	1	C
159	ABORIGINAL CULTURAL INPUT	1	Y
160	ABORIGINAL TRADITIONAL MEDICINE	1	Y
161	ABORIGINAL TRADITIONAL HEALER	1	Y
162	ASSESSMENT - INITIAL	1	Y
163	POST DISCHARGE FOLLOW-UP	1	C
165	CLIENT CONTACT - OTHER	1	N
166	APPOINTMENT CANCELLED-BY CLIENT	1	N
167	APPOINTMENT CANCELLED-BY CLIENT<24HRS	1	N
168	APPOINTMENT CANCELLED-BY SERVICE	1	N
169	LIAISON - GP	1	Y
170	RTMS	1	Y
171	HANDOVER	1	Y

Appendix D – Reportable clinical measures

The table below identifies the minimum clinical measures data to be recorded on each collection occasion for mental health care to meet the national outcome measure requirements of both the NOCC and AMHCC. It is not intended to restrict a mental health service from the collection of additional clinical measures data should the service elect to do so.

Table D1: Reportable clinical measures for mental health care

Mental Health Service Setting	INPATIENT			COMMUNITY RESIDENTIAL			AMBULATORY		
Collection Occasion	A	R	D	A	R	D	A	R	D
Children and Adolescents									
HoNOSCA	●	●	●	●	●	●	●	●	●
CGAS	●	●	X	●	●	X	●	●	X
FIHS	X	●	●	X	●	●	X	●	●
Parent / Consumer self-report (SDQ)	●	●	●	●	●	●	●	●	●
Mental Health Phase of Care	●	●	X	●	●	X	●	●	X
Adults									
HoNOS	●	●	●	●	●	●	●	●	●
LSP-16	X	X	X	●	●	●	●	●	●
Consumer self-report (K10/K10+LM)	●	●	●	●	●	●	●	●	●
Mental Health Phase of Care	●	●	X	●	●	X	●	●	X
Older persons									
HoNOS 65+	●	●	●	●	●	●	●	●	●
LSP-16	X	X	X	●	●	●	●	●	●
RUG-ADL	●	●	X	●	●	X	X	X	X
Consumer self-report (K10-L3D/K10+LM)	●	●	●	●	●	●	●	●	●
Mental Health Phase of Care	●	●	X	●	●	X	●	●	X

Abbreviations and Symbols

- **A** Admission to Mental Health Care
- **R** Review of Mental Health Care
- **D** Discharge from Mental Health Care
- ● Reporting of data on this occasion is mandatory
- **X** No reporting requirements apply

For further information regarding these measures refer to the *Mental Health Data Collection Data Dictionary.*

Appendix E – Summary of revisions

Date Released	Author	Approval	Amendment
1 July 2021	David Oats	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created.
1 July 2022	David Oats	Rob Anderson, Assistant Director General, Purchasing and System Performance	Dates updated. Wording of 'Client' definition amended to improve clarity. Addition of 'Nominated person' definition. Addition of three NDIS related service event items.
1 July 2023	David Oats	Rob Anderson, Assistant Director General, Purchasing and System Performance	Dates updated. Expanded 'Data quality and validation correction process' section to provide more information about process undertaken. Changed IHPA references to IHACPA and updated IHACPA website links.

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