

Ambulatory patient mental health care cluster

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Ambulatory patient mental health care cluster

Identifying and definitional attributes

Metadata item type:	Data Set Specification
METEOR identifier:	575033
Registration status:	Independent Hospital Pricing Authority , Standard 15/10/2014
DSS type:	Data Element Cluster
Scope:	<p>The scope of the ambulatory patient mental health care cluster is service contacts provided by specialised mental health services for patients/clients, other than those admitted to public psychiatric hospitals or designated public psychiatric units in acute care hospitals, and those resident in 24 hour staffed specialised residential mental health services.</p> <p>Patients receiving mental health care as a non-admitted patient from non-specialised mental health services provided by public hospitals, Local Hospital Networks or other public hospital services that are managed by a state or territory health authority and are included in the General list of in-scope public hospital services, which have been developed under the National Health Reform Agreement (2011) are also in scope.</p> <p>Service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding are also in scope.</p>

Collection and usage attributes

Statistical unit:	Mental health service contact
	Non-admitted patient service event

Source and reference attributes

Submitting organisation:	Independent Hospital Pricing Authority
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Relational attributes

Implementation in Data Set Specifications:	Activity based funding: Mental health care DSS 2015-16 Independent Hospital Pricing Authority , Superseded 16/03/2016
	Implementation start date: 01/07/2015
	Implementation end date: 30/06/2016
	Conditional obligation: The data set specification is only required to be reported for episodes of care in an ambulatory setting.

Metadata items in this Data Set Specification

Seq No.	Metadata item	Obligation	Max occurs
-	Community mental health care NMDS 2015-16	Conditional	1
	Conditional obligation:		
	Reporting of these data elements is mandatory for service contacts provided by specialised mental health services. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.		
-	Episode of care—mental health legal status, code N	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Episode of care—principal diagnosis, code (ICD-10-AM 8th edn) ANN{,N[N]}	Mandatory	1
	DSS specific information:		
	Codes can be used either from ICD-10-AM or from 'The ICD-10-AM Mental Health Manual: An Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services', published by the National Centre for Classification in Health.		
-	Establishment—Australian state/territory identifier, code N	Mandatory	1
-	Establishment—region identifier, X[X]	Mandatory	1
-	Establishment—region name, text XXX[X(57)]	Mandatory	1
	DSS specific information:		
	Mental health data collections are hierarchical in nature. An identical reporting structure, including region name, should be common between all mental health collections, including the Mental Health Establishments (MHE), Community Mental Health Care (CMHC) and Residential Mental Health Care (RMHC) NMDS's, the Mental Health National Outcomes and Casemix collection and any future mental health collections.		
-	Establishment—sector, code N	Mandatory	1
-	Establishment—service unit cluster identifier, XXXXX	Mandatory	1
-	Establishment—service unit cluster name, text XXX[X(97)]	Mandatory	1
-	Mental health service contact—patient/client participation indicator, yes/no code N	Mandatory	1
-	Mental health service contact—service contact date, DDMMYYYY	Mandatory	1
-	Mental health service contact—service duration, total minutes NNN	Mandatory	1
-	Mental health service contact—session type, code N	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1
	DSS specific information:		
	This field must not be null.		
	National minimum data sets:		
	For the provision of State and Territory hospital data to Commonwealth agencies this field must:		
	<ul style="list-style-type: none"> • be less than or equal to Admission date, Date patient presents or Service contact date • be consistent with diagnoses and procedure codes, for records to be grouped. 		
-	Person—Indigenous status, code N	Mandatory	1
-	Person—marital status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
	DSS specific information:		
	For mental health collections, the Person identifier for a uniquely identifiable person should be consistent between National minimum data sets and other associated collections, and across collection periods, where technically possible.		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—sex, code N	Mandatory	1
-	Person—unique identifier used indicator, yes/no code N	Mandatory	1
-	Specialised mental health service organisation—organisation identifier, XXXX	Mandatory	1
-	Specialised mental health service organisation—organisation name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—ambulatory service unit identifier, XXXXXX	Mandatory	1
-	Specialised mental health service—ambulatory service unit name, text XXX[X(97)]	Mandatory	1
-	Specialised mental health service—target population group, code N	Mandatory	1
-	Non-admitted patient DSS 2015-16	Conditional	1
	Conditional obligation:		
	Reporting of these data elements is mandatory for service events provided by non-specialised mental health services. Reporting is not required for service contacts provided by specialised mental health services or service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding.		
-	Episode of care—source of funding, patient funding source code NN	Mandatory	1
-	Establishment—Local Hospital Network identifier, code NNN	Mandatory	1
-	Establishment—organisation identifier (Australian), NNX[X]NNNNN	Mandatory	1
-	Non-admitted patient service event—care type, (derived) code N	Mandatory	1
-	Non-admitted patient service event—group session indicator, yes/no code N	Mandatory	1
-	Non-admitted patient service event—multiple health care provider indicator, yes/no/not stated/inadequately described code N	Mandatory	1
	DSS specific information:		
	For the purposes of reporting non-admitted activity data for activity based funding, 'multiple health care providers' is defined as three or more health care providers who deliver care either individually or jointly within a non-admitted patient service event.		
-	Non-admitted patient service event—non-admitted service type, code (Tier 2 v4.0) NN.NN	Mandatory	1
-	Non-admitted patient service event—service date, DDMMYYYY	Mandatory	1
-	Non-admitted patient service event—service delivery mode, code N	Mandatory	1
-	Non-admitted patient service event—service delivery setting, code N	Mandatory	1
-	Non-admitted patient service request—service request received date, DDMMYYYY	Mandatory	1
-	Non-admitted patient service request—service request source, code N.N	Mandatory	1
-	Person—area of usual residence, statistical area level 2 (SA2) code (ASGS 2011) N(9)	Mandatory	1
-	Person—country of birth, code (SACC 2011) NNNN	Mandatory	1
-	Person—date of birth, DDMMYYYY	Mandatory	1

Seq No.	Metadata item	Obligation	Max occurs
-	Person—Indigenous status, code N	Mandatory	1
-	Person—person identifier, XXXXXX[X(14)]	Mandatory	1
-	Person—sex, code N	Mandatory	1
-	Record—identifier, X[X(79)]	Mandatory	1

DSS specific information:

In the context of the Non-admitted patient DSS, the Record identifier data element exists to aid with data processing. This data element is generated for inclusion in data submissions to facilitate referencing of specific records in discussions between the receiving agency and the reporting body. It is to be used solely for this purpose.

When stipulated in a data specification, each record in a data submission will be assigned a unique numeric or alphanumeric record identifier to permit easy referencing of individual records in discussions between the receiving agency and the reporting body. The unique record identifier assigned by the reporting body should be generated in a fashion that allows the associated data record to be traced to its original form in the reporting body's source database.

Reporting jurisdictions may use their own alphabetic, numeric or alphanumeric coding system.

This field cannot be left blank.

-	Episode of care—mental health care phase, code N	Optional	99
-	Episode of care—mental health intervention type, code (MHIC V1.0) X(20)	Optional	99

DSS specific information:

For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.

If collected, mental health interventions should be reported at the ambulatory episode of care level.

-	Episode of care—mental health phase of care end date, DDMMYYYY	Optional	99
-	Episode of care—mental health phase of care start date, DDMMYYYY	Optional	99

Seq No.	Metadata item	Obligation	Max occurs
-	<p data-bbox="231 156 1173 192">Episode of care—psychosocial complications indicator, yes/no code N</p> <p data-bbox="263 224 542 257">Conditional obligation:</p> <p data-bbox="263 280 1173 403">For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p> <p data-bbox="263 425 1173 616">Reporting of FIHS is mandatory for the last service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p> <p data-bbox="263 638 1005 672">FIHS should only be reported for patients aged 17 years and under.</p> <p data-bbox="263 694 574 728">DSS specific information:</p> <p data-bbox="263 750 1173 862">The FIHS for the last service contact may be derived from the FIHS discharge value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>	Conditional	7
-	<p data-bbox="231 896 1173 952">Patient—first episode of mental health care at a mental health service organisation, code N</p> <p data-bbox="263 985 574 1019">DSS specific information:</p> <p data-bbox="263 1041 1173 1176">For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p>	Optional	1
-	<p data-bbox="231 1220 1173 1288">Person—level of difficulty with activities in a life area, Abbreviated Life Skills Profile score code N</p> <p data-bbox="263 1321 542 1355">Conditional obligation:</p> <p data-bbox="263 1377 1173 1500">For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p> <p data-bbox="263 1523 1173 1713">Reporting of LSP-16 is mandatory for the last service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p> <p data-bbox="263 1736 1069 1769">The LSP-16 should only be reported for patients aged 18 years and over.</p> <p data-bbox="263 1792 574 1825">DSS specific information:</p> <p data-bbox="263 1848 1173 1930">The LSP-16 for the last service contact may be derived from the LSP-16 discharge value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>	Conditional	16

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of psychiatric symptom severity, Children's Global Assessment Scale score code N[NN]	Conditional	1
	<p>Conditional obligation:</p> <p>For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p> <p>Reporting of the CGAS is mandatory for the first service contact of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p> <p>The CGAS should only be reported for patients aged 17 years and under.</p> <p>DSS specific information:</p> <p>The CGAS for the first service contact may be derived from the CGAS admission value submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale 65+ score code N	Conditional	24
	<p>Conditional obligation:</p> <p>For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p> <p>Reporting of the HoNOS65+ is mandatory for the first and last service contacts of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p> <p>The HoNOS65+ should only be reported for patients aged 65 years and over.</p> <p>The HoNOS65+ discharge rating is not required if the episode of ambulatory care had a length of stay of 3 days or less.</p> <p>DSS specific information:</p> <p>The HoNOS65+ for the first service contact may be derived from the HoNOS65+ admission rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p> <p>The HoNOS65+ for the last service contact may be derived from the HoNOS65+ discharge rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		

Seq No.	Metadata item	Obligation	Max occurs
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale for Children and Adolescents score code N	Conditional	30
	Conditional obligation:		
	<p>For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p>		
	<p>Reporting of the HoNOSCA is mandatory for the first and last service contacts of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p>		
	<p>The HoNOSCA should only be reported for patients aged 17 years and under.</p>		
	DSS specific information:		
	<p>The HoNOSCA for the first service contact may be derived from the HoNOSCA admission rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		
	<p>The HoNOSCA for the last service contact may be derived from the HoNOSCA discharge rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		
-	Person—level of psychiatric symptom severity, Health of the Nation Outcome Scale score code N	Conditional	24
	Conditional obligation:		
	<p>For the purposes of this DSS, an ambulatory episode is defined as a period of continuous contact between a consumer and a mental health service within an ambulatory service setting. This is consistent with the definition in the National Outcomes and Casemix Collection.</p>		
	<p>Reporting of the HoNOS is mandatory for the first and last service contacts of an ambulatory mental health care episode provided by a specialised mental health service. Reporting is optional for service contacts provided by specialised mental health services from non-government organisations that receive state or territory government funding. Reporting is optional for service events provided by non-specialised mental health services.</p>		
	<p>The HoNOS should only be reported for patients aged between 18 and 64 years.</p>		
	DSS specific information:		
	<p>The HoNOS for the first service contact may be derived from the HoNOSCA admission rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		
	<p>The HoNOS for the last service contact may be derived from the HoNOSCA discharge rating submitted for the patient's ambulatory care episode as part of the National Outcomes and Casemix Collection reporting requirements.</p>		