



Programme for the Integration of Mental Health Data

# 2023/24 PMS Compliance Test Scripts for Districts and Non Government Organisations

Organisation Name: .....

| Prepared by: | Data Management, HNZ |  |
|--------------|----------------------|--|
| Date:        | August 2024          |  |
| Version:     | 2.7                  |  |
| Status:      | Final                |  |



## **Organisation Test Site Details**

The organisation's local details used for the preparation and completion of these Test Script(s)

#### Please complete the following details

| Test Script(s):                       | PRIMHD Compliance  |
|---------------------------------------|--|
| Organisation Name:                    |  |
| PMS Software Details:                 |  |
|                                       |  |
|                                       | Please provide as much detail as possible about your PMS Software used during testing. (eg. Vendor Name, Product/Brand name and Version,, et al) |
| Local Testing Environment<br>Details: | Please indicate if you are using your normal compliance testing environment (hardware and software) for these tests.                             |
| Name of Zip Files Sent to<br>PRIMHD:  | Example Format: COMP_PEYYYYMMDD_Submitting_Org_ID_001.zip  |
| Any other comments:                   |  |
|                                       |  |

## **Organisation Test Person Details**

The person responsible for the preparation and completion of these Test Script(s)

#### Please complete the following details

| Name:                              |  |
|------------------------------------|--|
| Position:                          |  |
| Employer:                          |  |
| Telephone and Facsimile:           |  |
| Email Address:                     |  |
| Date Test Script(s) Completed:     |  |
| Date PRIMHD Compliance Files Sent: |  |

## **Organisation Sign-off Details**

This signature confirms that the organisation agrees to the rules and conditions identified in this document and that they will adhere to these rules and conditions when creating their PRIMHD compliance test extracts

| Name:      |  |
|------------|--|
| Position:  |  |
| Date:      |  |
| Signature: |  |



Health NZ Data Management

# **Table of Contents**

| 1.0 | Introdu | ction   | 4    |
|-----|---------|---|------|
|     | 1.1     | Purpose of this document                        | 4    |
|     | 1.2     | Compliance Testing Overview                     | 4    |
|     | 1.3     | Compliance Testing Guidelines and Prerequisites | 4    |
| 2.0 | Testing | Scenarios Background                            | 5    |
|     | 2.1     | Scenario Guidelines and Background Instructions | 5    |
|     | 2.2     | DHB Test Scenarios Summary Flow                 | 6    |
|     | 2.3     | NGO Test Scenarios Summary Flow                 | 6    |
| 3.0 | PRIMH   | D Compliance Criteria and Processes             | 7    |
|     | 3.1     | Provisional Compliance Criteria and Process     | 7    |
|     | 3.2     | Full Compliance Criteria and Process            | 8    |
| 4.0 | DHB Te  | st Scenarios                                    | 9    |
|     | 4.1     | Test Scenario PRIMHD-01                         | 9    |
|     | 4.2     | Test Scenario PRIMHD-02a & 02b                  | . 14 |
|     | 4.3     | Test Scenario PRIMHD-03a & 03b                  | . 18 |
|     | 4.4     | Test Scenario PRIMHD-04                         | . 25 |
|     | 4.5     | Test Scenario PRIMHD-05                         |      |
|     | 4.6     | Test Scenario PRIMHD-06                         | . 30 |
| 5.0 | NGO Te  | est Scenarios                                   | . 31 |
|     | 5.1     | Test Scenario PRIMHD-07                         | . 31 |
|     | 5.2     | Test Scenario PRIMHD-08                         | . 34 |
|     | 5.3     | Test Scenario PRIMHD-09                         | . 36 |
|     | 5.4     | Test Scenario PRIMHD-10a and 10b                | . 37 |
|     | 5.5     | Test Scenario PRIMHD-11 – ADOM                  | . 42 |
| 6.0 | Glossa  | ry and References                               | . 46 |
|     | 6.1     | Glossary  | . 46 |
| 7.0 | Docum   | ent Control                                     | . 47 |
|     | 7.1     | Version History                                 | . 47 |



# 1.0 Introduction

## 1.1 Purpose of this document

The purpose of this document is to provide the Compliance Test Script(s) necessary for either a District Health Board (DHB) or Non Government Organisation (NGO) undertake and complete Compliance Testing for the Project for the Integration of Mental Health Data (PRIMHD).

The PRIMHD Compliance Test Script(s) are designed to test DHB and NGO compliance to the PRIMHD File Specification, to ensure that submitted data complies with PRIMHD business rules.

If you have any queries relating to this document please contact:

Data Management National Collections and Reporting <u>compliance@health.govt.nz</u>

## **1.2 Compliance Testing Overview**

These Compliance Test Script(s) have been supplied to you by the PRIMHD Project Compliance Team.

The Test Script(s) contain test scenarios that reflect service provision at a DHB and NGO level.

- Section 4 contains scenarios for DHBs to complete.
- Section 5 contains scenarios for NGOs to complete.

The list of guidelines and background instructions for completing the Test Script(s) document are described in Section 2. A description of the steps for processing your extract files to complete the Provisional Compliance and Full Compliance processes are detailed in Section 3. The extract files should contain only the test Clients and events you have entered in this Test Script.

There are no intended validation errors in the PRIMHD Compliance Test Script(s). The Scenarios are designed to pass all present PRIMHD validation rules.

## **1.3 Compliance Testing Guidelines and Prerequisites**

The following is a list of pre-requisites that need to be completed prior to undertaking your PRIMHD Compliance Testing.

- 1. Each DHB or NGO must have completed their PRIMHD mapping document, which must be signed off by both the PRIMHD Data Quality Team at the Data Management, Data and Digital Directorate and by the DHB or NGO.
- These Test Script(s) must be completed before compliance extract files can be sent. Please send a notification email with the completed Test Script(s) document (not file extracts) to the PRIMHD Compliance Team.
- 3. Please also keep a copy of the completed script for your own records.



# 2.0 Testing Scenarios Background

## 2.1 Scenario Guidelines and Background Instructions

The following is a list of guidelines and background instructions that will assist you in undertaking your PRIMHD Compliance Testing.

- 1. Use only a final version of this document to perform your testing. If you are reading a draft version (check the footer) then please discard it. The final version will have been emailed to you.
- If you observe any unexpected system behaviour on your test Patient Management System when creating the test Client events, or if you receive unexpected validation results back from PRIMHD load process, please advise the PRIMHD Compliance Team.
- 3. Details of the test Clients and their events that you need to generate are specified in this Test Script.
- 4. Family/Whānau Involvement element has been added in the activity sections of the events. If your organisation has not implemented this new data field in your PMS, you may leave it out as it is still optional. But the FWI field is mandatory from 01 July 2024.
- 5. Please indicate with a tick in the relevant 'Completion Box' when you have completed each Test Scenario. If you are unable to complete a Scenario or change the expected value, please provide an explanation in the space provided.
- 6. It is important that you record the actual values you enter as you complete each Test Scenario. For the PRIMHD team to investigate a problem with any extract file records, they need an accurate Test Script document to map the data entered.
- 7. You must enter the PRIMHD test data and generate the extract files using only your test Patient Management System(s) and without any subsequent alteration of the extract file. This is implicit in your sign-off for this Test Script.
- If your system does not support time or time is not known for the referral, diagnosis or collection occasion start and end dates, please default the time to 00:00 and 23:59 respectively.
- 9. The two phases identified below require two separate zip files as the second phase requires changes to the first phase. This enables the testing of merged NHI Numbers and referral deletion.



## 2.2 DHB Test Scenarios Summary Flow

The following table outlines the summary flow for Phases 1 and 2 of the DHB Test Scenarios for PRIMHD Compliance Testing.

| Test<br>Scenario | Test Client<br>Name | Brief history of Client   |  |
|------------------|---------------------|---|--|
| Phase I - DH     | IB                  |   |  |
| PRIMHD-01        | John Doe            | Client A has had no previous contact with any mental<br>health service. In this scenario he is admitted to the<br>intensive care ward of the inpatient unit under the Mental<br>Health Act. Following a period of stay the Client is<br>considered for, and then enters a compulsory treatment<br>order and remains an inpatient. |  |
| PRIMHD-02        | Jane Doe            | Client B is referred by their GP into a community mental<br>health team. Following a period of care the Client is also<br>seen by a Maori mental health service. She continues to<br>receive service from both teams.   |  |
| PRIMHD-03        | Junior Doe          | Client C is a client of a community mental health team.<br>Client C has a relapse and is admitted into the inpatient<br>unit. After an inpatient stay Client C is referred back to the<br>community mental health team.   |  |
| PRIMHD-04        | John Smith          | Client D is referred by their GP into a community mental health team and continues to receive service.  |  |
| PRIMHD-05        | Jon Smith           | Client E is referred by their GP into a community mental health team and continues to receive service.  |  |
| Phase II - DI    | Phase II - DHB      |   |  |
| PRIMHD-06        | John Smith          | Scenarios PRIMHD-04 and PRIMHD-05 are merged under the master HCU_ID XRJ4156  |  |

## 2.3 NGO Test Scenarios Summary Flow

The following table outlines the summary flow for Phases 1 and 2 of the NGO Test Scenarios for PRIMHD Compliance Testing.

| Test<br>Scenario       | Test Client<br>Name | Brief history of Client  |  |
|------------------------|---------------------|--|--|
| Phase I - NG           | C                   |  |  |
| PRIMHD-07              | John Smith          | Client F is referred from a community mental health team<br>to an NGO service. Following a period of care the Client is<br>discharged requiring no further care.                 |  |
| PRIMHD-08              | Jon Smith           | Client G is admitted to an NGO service. Following a period of care the Client is discharged.   |  |
| Phase II - NG          | Phase II - NGO      |  |  |
| PRIMHD-09              | John Smith          | Scenarios PRIMHD-07 and PRIMHD-08 are merged under the master HCU_ID XRJ4164.  |  |
| Phase III - NG         | Phase III - NGO     |  |  |
| PRIMHD-<br>10a and 10b | John Smith          | Client F is referred from an Inpatient mental health team to<br>a residential NGO service. The client is in the residential<br>service for over a month before being discharged. |  |
| PRIMHD-11              | Junior Doe          | Client H is referred from another Community Mental Health<br>team to an NGO AOD Community service. An ADOM<br>collection is completed by the AOD service.                        |  |



# 3.0 **PRIMHD** Compliance Criteria and Processes

## 3.1 **Provisional Compliance Criteria and Process**

#### The success criteria for achieving Provisional Compliance is:

- 100% of the files and scenarios submitted should be completed and must be 100% correct.
- Incomplete files and scenarios can achieve provisional compliance provided that valid reasons are given explaining the incompleteness. However, those scenarios submitted must be 100% correct.

#### The process for Provisional Compliance testing is:

- 1. Data providers will follow the scenarios provided in this compliance test script.
- 2. Before uploading files to the PRIMHD compliance environment, each data provider should send the completed test documentation and advise compliance test file names via email to <u>compliance@health.govt.nz</u>. The compliance test analyst will inform data providers when to send the data created in step 1. The data should be sent in XML format in Zip files and placed into the usual ftp server PRIMHD drop-off folder.
- 3. The compliance zip files must be formatted with the prefix 'COMP\_". The expected format for compliance test script files are:
  - COMP\_PEYYYYMMDD\_Submitting\_Org\_ID\_001.Zip
  - COMP\_PEYYYMMDD\_Submitting\_Org\_ID\_002.Zip
- 4. The compliance test analyst will acknowledge receipt and advise when the file is expected to be loaded.
- 5. The compliance test analyst will load the file and advise the data provider via email either:
  - That the file has been loaded successfully and that the data is being checked by the Data Quality team against completed test scripts.
  - That the file has not been loaded successfully and that the data provider must fix and re-submit the file for re-processing (feedback is provided on the specific issues).
- 6. Where the file is loaded successfully, the compliance test analyst will pass the files and the test documentation to the Data Quality team to check the data against the scripts to ensure all scenarios have been covered correctly. Upon completion, the data quality team will advise the data provider via email either:
  - That the data has been checked successfully and that the data provider has gained 'provisional' compliance and that production files can be submitted (note the first one will be loaded into the compliance environment).
  - That the file has not been loaded successfully and that the data provider must fix and re-submit the file for re-processing (feedback is provided on the specific issues).



## 3.2 Full Compliance Criteria and Process

#### The success criteria for achieving Full Compliance is:

- The data provider must have achieved 'Provisional Compliance' based on the compliance scenarios and compliance test data first.
- The first production file with live production data must be of a reasonable size and be 98% successfully loaded into the compliance test environment before being allowed to be loaded into the production environment.
- A set of data quality checks will also be carried out on the file achieving 98% before full compliance will be awarded.

#### The process for Full Compliance testing is:

- 1. Data provider will advise via email to <u>compliance@health.govt.nz</u> when the first file will be extracted from the production system.
- 2. Data provider will place the first production file in the 'compliance' directory. If this is not possible, a data provider must advise the data quality team.
- 3. The compliance test analyst will reply to the data provider email to acknowledge receipt and advise when the file is expected to be loaded.
- 4. Compliance test analyst will load the file and advise the data provider via email either:
  - That the file has been loaded successfully and that the data is being checked by the Data Quality team for accuracy.
  - That the file has not been loaded successfully and that the data provider must fix and re-submit the file (feedback is provided on the specific issues).
- 5. Where the file is loaded successfully, the compliance testing analyst will pass the file to the Data Quality team to check the data for accuracy. Upon completion, the data quality team will advise the data provider via email either:
  - That the data has been checked successfully and that the data provider has gained 'full' compliance and that the file will immediately be loaded into production and the data provider advised when the return files are available.
  - That the file has not been loaded successfully and that the data provider must fix and re-submit the file for re-processing (feedback is provided on the specific issues).

When a data provider has achieved 'full' compliance for PRIMHD, all subsequent files received for production will be loaded into the production environment as usual. It is expected that no less than 98% of the first submissions into production be compliant, with no systematic extraction or mapping errors e.g. invalid dates or incompatible code combinations.

#### Please Note:

No data will be loaded into the production environment until full compliance is achieved.

#### **Referral Migrations**

Some organisations will undergo a PMS change that results in a referral migration, e.g. where referrals are closed and new referrals are opened with new referral IDs. In this situation, the DHB may like to maintain a mapping table showing the old to new referral ID mapping for each affected client referral. This may aid in data quality checking and reconciliation in the transition process.



# 4.0 DHB Test Scenarios

THE COMPLIANCE SCENARIOS IN THIS SECTION ARE FOR DHBs TO COMPLETE ONLY. NGOS SHOULD REFER TO SECTION 5.

## 4.1 Test Scenario PRIMHD-01

#### 4.1.1 PRIMHD-01 Completion Acknowledgement

| Reason if unable to complete or have changed expected values: | TICK HERE<br>WHEN<br>COMPLETE |  |
|---|-------------------------------|--|
|---|-------------------------------|--|

#### 4.1.2 PRIMHD-01 Test Client A Scenario Conditions

#### Conditions under test for Client A are:

- On the 3<sup>rd</sup> July 2024 at 1pm Client A is admitted to the Inpatient Unit's intensive care ward\* under a Section 11 (5 day period), referred by Court Liaison services 'CO'.
- This is the Client's first contact with any mental health service.
- On the 5<sup>th</sup> July at 3:30pm an admission outcome collection is recorded.
- On the 8<sup>th</sup> July at 10am the Client is assessed, put onto a Section 13 (14-day period) and transferred to the acute ward.
- On the 9<sup>th</sup> July at 3pm the Client is diagnosed with borderline personality disorder.
- On the 13<sup>th</sup> July at 12pm the Client goes home on leave.
- On the 15<sup>th</sup> July at 11:15am the Client returns from leave to the acute ward. Supplementary consumer record (SCR) details are collected at this point.
- On the 22<sup>nd</sup> July at 9am the client is waiting to see Judge. A compulsory treatment order has been applied for.
- On the 22<sup>nd</sup> July at 10am the client enters a compulsory treatment order.

<u>Note:</u> If your DHB does not have an intensive care ward please use a form of bed specialty transfer you provide. For example sub-acute to acute.

#### 4.1.3 PRIMHD-01 Test Client A New Details

| Field               | Test Client A Details             |  |
|---------------------|-----------------------------------|--|
| Surname             | Doe                               |  |
| First Names         | John                              |  |
| Address             | 133 Molesworth Street, Wellington |  |
| Date of Birth       | 20/09/2022                        |  |
| Gender              | Female                            |  |
| Ethnicity           | NZ European (code 11)             |  |
| Ethnicity (2)       | [This should be blank]            |  |
| Ethnicity (3)       | [This should be blank]            |  |
| NZ Resident Status  | NZ Resident                       |  |
|                     |                                   |  |
| Returned NHI Number | XRJ4113                           |  |



## 4.1.4 PRIMHD-01 Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your inpatient Team Code        |                                      |
| Event_HCU_ID           | XRJ4113                               |                                      |
| Sex                    | F                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | СО                                    |                                      |
| Referral_To            |                                       |                                      |
| Referral_End_Code      |                                       |                                      |
| Start_Date_Time        | 2024-07-03T13:00:00                   |                                      |
| End_Date_Time          |                                       |                                      |

## 4.1.5 PRIMHD-01 Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T02                           |                                      |
| Activity_Setting          | IP                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-03T13:00:00           |                                      |
| End_Date_Time             | 2024-07-08T09:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T03                           |                                      |
| Activity_Setting          | IP                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-08T09:00:00           |                                      |
| End_Date_Time             | 2024-07-13T12:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T37                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-13T12:00:00           |                                      |
| End_Date_Time             | 2024-07-15T11:15:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | Т03                           |                                      |
| Activity_Setting          | IP                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-15T11:15:00           |                                      |
| End_Date_Time             |                               |                                      |

PRIMHD Compliance Test Script Version 2.6 FINAL



## PRIMHD-01 Classification Details Test Data

| Field Name                | Expected PRIMHD Extract value     | Please record ALL values you entered |
|---------------------------|-----------------------------------|--------------------------------------|
| Classification_Code_ID    | Enter your Classification Code ID |                                      |
| Clinical_Coding_System_ID | 07                                |                                      |
| Diagnosis_Type            | A                                 |                                      |
| Clinical_Code_Value       | 30183                             |                                      |
| Start_Date_Time           | 2024-07-09T15:00:00               |                                      |
| End_Date_Time             | 2024-07-18T13:00:00               |                                      |

# 4.1.6 PRIMHD-01 Collection Occasion, Outcome Tool and Outcome Item Details Test Data

| Field Name                | Expected PRIMHD Extract value |                           |      |      |      |      | Please record ALL values you entered |      |      |      |    |    |   |                     |  |  |  |  |
|---------------------------|-------------------------------|---------------------------|------|------|------|------|--------------------------------------|------|------|------|----|----|---|---------------------|--|--|--|--|
| Collection_Occasion_ID    | Er                            | nter                      | · yo | ur ( | Coll | ect  | ion                                  | Ос   | casi | on I | D  |    |   |                     |  |  |  |  |
| Reason_For_Collection     | R                             | C02                       | 2    |      |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Collection_Occasion_Date  | 20                            | )24-                      | -07  | -05  | T14  | 1:30 | ):00                                 | )    |      |      |    |    |   |                     |  |  |  |  |
| Healthcare_Worker_CPN     | 18                            | BAB                       | CD   | )    |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Outcome_Episode_ID        | Er                            | nter                      | · yo | ur ( | Out  | con  | ne I                                 | Epi. | sode | ID   |    |    |   |                     |  |  |  |  |
| Protocol_Version          | 01                            | 20                        |      |      |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Focus_Of_Care             | FC                            | 208                       |      |      |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Outcome_Tool_Type_Version | A                             | A1                        |      |      |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Mode_of_Administration    | M                             | MA01                      |      |      |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Collection_Status         | C                             | CS01                      |      |      |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Completion_Date           | 20                            | )24-                      | -07  | -05  | T15  | 5:30 | ):00                                 | )    |      |      |    |    |   |                     |  |  |  |  |
| Outcome_Item_Code         | 1                             | 2                         | 3    | 4    | 5    | 6    | 7                                    | 8    | 8a   | 9    | 10 | 11 | 12  |                     |  |  |  |  |
| Values you entered        |                               |                           |      |      |      |      |                                      |      |      |      |    |    |   | ← use these columns |  |  |  |  |
| Outcome_Item_Value        | 3                             | 3 3 2 2 1 1 4 4 E 4 2 0 0 |      |      |      |      |                                      |      |      |      |    |    |   |                     |  |  |  |  |
| Values you entered        |                               |                           |      |      |      |      |                                      |      |      |      |    |    | 3     3     2     2     1     1     4     4     E     4     2     0     0 |                     |  |  |  |  |

## 4.1.7 PRIMHD-01 Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL values you entered |
|--------------------------------------|--|--------------------------------------|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                      | 2024-07-15                                     |                                      |
| Wellness_Plan                        | 1  |                                      |
| Accommodation                        | 1  |                                      |
| Employment_Status                    | 2  |                                      |
| Education_Status                     | 2  |                                      |
|                                      |  |                                      |



## 4.1.8 PRIMHD-01 Legal Status Details Test Data

| Field Name               | Expected PRIMHD Extract value         | Please record ALL values you entered |
|--------------------------|---------------------------------------|--------------------------------------|
| File_Version             | 2.4                                   |                                      |
| Legal_Status_ID          | Enter your Legal Status ID            |                                      |
| Organisation_ID          | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time   | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time      | Enter the date you create the extract |                                      |
| Event_HCU_ID             | XRJ4113                               |                                      |
| Sex                      | F                                     |                                      |
| Date Of Birth            | 2022-09-20                            |                                      |
| Legal Status Code        | SM                                    |                                      |
| Reponsible Clinician CPN | 18ABCD                                |                                      |
| Start Date Time          | 2024-07-03T13:00:00                   |                                      |
| End Date Time            | 2024-07-08T10:00:00                   |                                      |
|                          |                                       |                                      |
| File Version             | 2.4                                   |                                      |
| <br>Legal_Status_ID      | Enter your Legal Status ID            |                                      |
| Organisation ID          | Enter your Organisation ID            |                                      |
| Extract From Date Time   | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time      | Enter the date you create the extract |                                      |
| Event HCU ID             | XRJ4113                               |                                      |
| Sex                      | F                                     |                                      |
| Date_Of_Birth            | 2022-09-20                            |                                      |
| Legal Status Code        | SN                                    |                                      |
| Reponsible Clinician CPN | 18ABCD                                |                                      |
| Start Date Time          | 2024-07-08T10:00:00                   |                                      |
| End Date Time            | 2024-07-22T09:00:00                   |                                      |
|                          |                                       |                                      |
| File Version             | 2.3                                   |                                      |
| <br>Legal_Status_ID      | Enter your Legal Status ID            |                                      |
| Organisation ID          | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time   | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time      | Enter the date you create the extract |                                      |
| Event HCU ID             | XRJ4113                               |                                      |
| Sex                      | F                                     |                                      |
| Date Of Birth            | 2022-09-20                            |                                      |
| Legal Status Code        | SS                                    |                                      |
| Reponsible Clinician CPN | 18ABCD                                |                                      |
| Start Date Time          | 2024-07-22T09:00:00                   |                                      |
| End Date Time            | 2024-07-22T09:00:00                   |                                      |



| Health | ΝZ | Data | Management |
|--------|----|------|------------|
| noun   |    | Dutu | managomont |

## PRIMHD-01 Legal Status Details Test Data (cont)

| File_Version             | 2.4                                      |  |
|--------------------------|--|--|
| Legal_Status_ID          | Enter your Legal Status ID               |  |
| Organisation_ID          | Enter your Organisation ID               |  |
| Extract_From_Date_Time   | 2024-07-01T00:00:00                      |  |
| Extracted_Date_Time      | Enter the date you create the<br>extract |  |
| Event_HCU_ID             | XRJ4113                                  |  |
| Sex                      | F  |  |
| Date_Of_Birth            | 2022-09-20                               |  |
| Legal_Status_Code        | CL                                       |  |
| Reponsible_Clinician_CPN | 18ABCD                                   |  |
| Start_Date_Time          | 2024-07-22T10:00:00                      |  |
| End_Date_Time            | [This should be left blank]              |  |
|                          |  |  |



## 4.2 Test Scenario PRIMHD-02a & 02b

#### 4.2.1 PRIMHD-02a & 02b Completion Acknowledgement

| TICK HERE<br>WHEN<br>COMPLETE |  |
|-------------------------------|--|
|                               |  |

#### 4.2.2 PRIMHD-02a & 02b Test Client B Scenario Conditions

#### Conditions under test 2a for Client B are:

- On the 18<sup>th</sup> July 2024 at 11am Client B is referred from the Correctional services 'CR' (Corrections/ Prison) into a community mental health team.
- On the 19th July at 10:30am for 45 minutes the Client is seen face to face onsite, there is no family/ whānau present.
- On the 21<sup>st</sup> July at 1pm for 45 minutes the Client is seen face to face onsite with no family present. An outcome collection is completed for the new referral.
- On the 24<sup>th</sup> July at 3pm for 60 minutes the Client is seen at their home with the family present.
- On the 26<sup>th</sup> July at 9am for 25 minutes a diagnosis is made of bi-polar 2 disorder at a multi-disciplinary team meeting. The Client is not present.
- On the 28<sup>th</sup> July at 3pm for 15 minutes the Client has a face-to-face contact at their home. Supplementary consumer record (SCR) details are collected.
- On the 30<sup>th</sup> July at 10:30am for 30 minutes the Client is scheduled for an onsite appointment with a consultant and does not attend.

#### Conditions under test 2b for Client B are:

- On the 27<sup>th</sup> July at 2pm a new referral is opened with a different team that provides a Maori cultural service.
- On the 29<sup>th</sup> July at 9am for 2 hours a Powhiri for the new Client is held at the local marae, with the family/ whānau present.

#### 4.2.3 PRIMHD-02a & 02b Test Client B New Details

| Field               | Test Client B Details             |
|---------------------|-----------------------------------|
| Surname             | Doe                               |
| First Names         | Jane                              |
| Address             | 133 Molesworth Street, Wellington |
| Date of Birth       | 10/04/2014                        |
| Gender              | Female                            |
| Ethnicity           | NZ Maori (code 21)                |
| Ethnicity (2)       | [This should be blank]            |
| Ethnicity (3)       | [This should be blank]            |
| NZ Resident Status  | NZ Resident                       |
|                     |                                   |
| Returned NHI Number | XRJ4121                           |



## 4.2.4 PRIMHD-02a Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your community Team Code        |                                      |
| Event_HCU_ID           | XRJ4121                               |                                      |
| Sex                    | F                                     |                                      |
| Date_Of_Birth          | 2014-04-10                            |                                      |
| Referral_From          | CR                                    |                                      |
| Referral_To            | [This should be blank]                |                                      |
| Referral_End_Code      | [This should be blank]                |                                      |
| Start_Date_Time        | 2024-07-18T11:00:00                   |                                      |
| End_Date_Time          | [This should be blank]                |                                      |

## 4.2.5 PRIMHD-02a Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-19T10:30:00           |                                      |
| End_Date_Time             | 2024-07-19T11:15:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-21T13:00:00           |                                      |
| End_Date_Time             | 2024-07-21T13:45:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 1                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-24T15:00:00           |                                      |
| End_Date_Time             | 2024-07-24T16:00:00           |                                      |



Health NZ Data Management

## 4.2.5 PRMIHD-02a Activity Details Test Data (Continued)

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T08                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-26T09:00:00           |                                      |
| End_Date_Time             | 2024-07-26T09:25:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-28T15:00:00           |                                      |
| End_Date_Time             | 2024-07-28T15:15:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T35                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-30T10:30:00           |                                      |
| End_Date_Time             | 2024-07-30T11:00:00           |                                      |

## 4.2.6 PRIMHD-02a Classification Details Test Data

| Field Name                | Expected PRIMHD Extract value     | Please record ALL values you entered |
|---------------------------|-----------------------------------|--------------------------------------|
| Classification_Code_ID    | Enter your Classification Code ID |                                      |
| Clinical_Coding_System_ID | 07                                |                                      |
| Diagnosis_Type            | A                                 |                                      |
| Clinical_Code_Value       | 29689                             |                                      |
| Start_Date_Time           | 2024-07-26T09:00:00               |                                      |
| End_Date_Time             | [This should be blank]            |                                      |

## 4.2.7 PRIMHD-02a Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL<br>values you entered |
|--------------------------------------|--|---|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |   |
| Collection_Date                      | 2024-07-28                                     |   |
| Wellness_Plan                        | 1  |   |
| Accommodation                        | 1  |   |
| Employment_Status                    | 3  |   |
| Education_Status                     | 1  |   |
|                                      |  |   |



# 4.2.8 PRIMHD-02a Collection Occasion, Outcome Tool and Outcome Item Details Test Data

| Field Name                | Expected PRIMHD Extract value |                           |      |      |      |      |      |                                |      | Please record ALL values you entered |    |    |    |                                |
|---------------------------|-------------------------------|---------------------------|------|------|------|------|------|--------------------------------|------|--------------------------------------|----|----|----|--------------------------------|
| Collection_Occasion_ID    | Er                            | nter                      | · yo | ur ( | Coll | lect | ion  | Ос                             | casi | on I                                 | ID |    |    |                                |
| Reason_For_Collection     | R                             | C02                       | 2    |      |      |      |      |                                |      |                                      |    |    |    |                                |
| Collection_Occasion_Date  | 20                            | 24-                       | -07  | -21  | T13  | 3:00 | ):00 | )                              |      |                                      |    |    |    |                                |
| Healthcare_Worker_CPN     | 18                            | AB                        | CD   | )    |      |      |      |                                |      |                                      |    |    |    |                                |
| Outcome_Episode_ID        | Er                            | nter                      | · yo | ur ( | Out  | con  | ne   | Epi.                           | sode | ID                                   |    |    |    |                                |
| Protocol_Version          | 01                            | 20                        |      |      |      |      |      |                                |      |                                      |    |    |    |                                |
| Focus_Of_Care             | FC                            | FC08                      |      |      |      |      |      |                                |      |                                      |    |    |    |                                |
| Outcome_Tool_Type_Version | A1                            | A1                        |      |      |      |      |      |                                |      |                                      |    |    |    |                                |
| Mode_of_Administration    | M                             | <b>A</b> 01               |      |      |      |      |      |                                |      |                                      |    |    |    |                                |
| Collection_Status         | CS                            | S01                       |      |      |      |      |      |                                |      |                                      |    |    |    |                                |
| Completion_Date           | 20                            | 24-                       | -07  | -21  | T14  | 1:00 | ):00 | )                              |      |                                      |    |    |    |                                |
| Outcome_Item_Code         | 1                             | 2                         | 3    | 4    | 5    | 6    | 7    | 8                              | 8a   | 9                                    | 10 | 11 | 12 |                                |
| Values you entered        |                               |                           |      |      |      |      |      | $\leftarrow$ use these columns |      |                                      |    |    |    |                                |
| Outcome_Item_Value        | 2                             | 2 3 2 2 1 1 0 2 G 3 0 1 1 |      |      |      |      |      |                                |      |                                      |    |    |    |                                |
| Values you entered        |                               |                           |      |      |      |      |      |                                |      |                                      |    |    |    | $\leftarrow$ use these columns |

## 4.2.9 PRIMHD-02b Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your Maori M Team Code          |                                      |
| Event_HCU_ID           | XRJ4121                               |                                      |
| Sex                    | F                                     |                                      |
| Date_Of_Birth          | 2014-04-10                            |                                      |
| Referral_From          | СМ                                    |                                      |
| Referral_To            | [This should be blank]                |                                      |
| Referral_End_Code      | [This should be blank]                |                                      |
| Start_Date_Time        | 2024-07-27T14:00:00                   |                                      |
| End_Date_Time          | [This should be blank]                |                                      |

### 4.2.10 PRIMHD-02b Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T38                           |                                      |
| Activity_Setting          | MC                            |                                      |
| Family/Whānau Involvement | 1                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-29T09:00:00           |                                      |
| End_Date_Time             | 2024-07-29T11:00:00           |                                      |



## 4.3 Test Scenario PRIMHD-03a & 03b

#### 4.3.1 PRIMHD-03a & 03b Completion Acknowledgement

| Reason if unable to complete or have changed expected values | TICK HERE<br>WHEN<br>COMPLETE |  |
|--|-------------------------------|--|
|--|-------------------------------|--|

#### 4.3.2 PRIMHD-03a & 03b Test Client C Scenario Conditions

#### Conditions under test 3a for Client C are:

- On the 8<sup>th</sup> March 2024 at 12pm Client C was self-referred into a community mental health team.
- On the 4<sup>th</sup> July 2024 at 11am for 1 hour the Client is seen at home, with the family present, for a community mental health support services contact to assist and maintain accommodation.
- On the 6<sup>th</sup> July at 9am for 30 minutes the Client has a face-to-face contact on site with no family/ whānau present. Supplementary consumer record (SCR) details are collected at this contact.
- Also on 6<sup>th</sup> July 2024 at 9am a diagnosis of primary hypersomnia is recorded.
- On the 6<sup>th</sup> July at 9am a discharge collection occasion is recorded by the community mental health team.\*

#### Conditions under test 3b for Client C are:

- On the 7<sup>th</sup> July at 1pm the Client is admitted to an acute ward in the inpatient unit. Supplementary consumer record (SCR) details are collected.
- On the 7<sup>th</sup> July at 3pm an admission collection occasion is recorded by the inpatient team.
- On the 8<sup>th</sup> July at 10am for 2 hours and again at 12:30pm for 4 hours, the Client is in seclusion.
- On the 15<sup>th</sup> July at 11:30am an inpatient discharge collection occasion is recorded.
- On the 15<sup>th</sup> July at 4pm the Client is discharged from the inpatient unit back to the community team.

#### Conditions under test 3a for Client C continued are:

- On the 16<sup>th</sup> July at 9:30am for 2 hours the Client has a face-to-face contact onsite with no family/ whānau present.
- On the 16<sup>th</sup> July at 3pm a community mental health admission collection occasion is recorded.

**\*Note:** If your patient management system does not support a community referral remaining open during an inpatient stay you will need to close the first referral on the 6<sup>th</sup> July and open a new one on the 15<sup>th</sup> July.



## 4.3.3 PRIMHD-03a & 03b Test Client C New Details

| Field              | Test Client C Details             |
|--------------------|-----------------------------------|
| Surname            | Doe                               |
| First Names        | Junior                            |
| Address            | 133 Molesworth Street, Wellington |
| Date of Birth      | 20/09/2022                        |
| Gender             | Male                              |
| Ethnicity          | Samoan (code 31)                  |
| Ethnicity (2)      | [This should be blank]            |
| Ethnicity (3)      | [This should be blank]            |
| NZ Resident Status | NZ Resident                       |
|                    | *                                 |
|                    |                                   |

# Returned NHI Number XRJ4130

## 4.3.4 PRIMHD-03a Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-01-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your community Team Code        |                                      |
| Event_HCU_ID           | XRJ4130                               |                                      |
| Sex                    | Μ                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | SR                                    |                                      |
| Referral_To            | [This should be blank]                |                                      |
| Referral_End_Code      | [This should be blank]                |                                      |
| Start_Date_Time        | 2024-03-08T12:00:00                   |                                      |
| End_Date_Time          | [This should be blank]                |                                      |



#### Health NZ Data Management

## 4.3.5 PRIMHD-03a Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T43                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 1                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-04T11:00:00           |                                      |
| End_Date_Time             | 2024-07-04T12:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-06T09:00:00           |                                      |
| End_Date_Time             | 2024-07-06T09:30:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-16T09:30:00           |                                      |
| End_Date_Time             | 2024-07-16T11:30:00           |                                      |

## 4.3.6 PRIMHD-03a Classification Details Test Data

| Field Name                | Expected PRIMHD Extract value     | Please record ALL values you entered |
|---------------------------|-----------------------------------|--------------------------------------|
| Classification_Code_ID    | Enter your Classification Code ID |                                      |
| Clinical_Coding_System_ID | 07                                |                                      |
| Diagnosis_Type            | A                                 |                                      |
| Clinical_Code_Value       | 30744                             |                                      |
| Start_Date_Time           | 2024-07-06T09:00:00               |                                      |
| End_Date_Time             | [This should be blank]            |                                      |

## 4.3.7 PRIMHD-03a Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL values you entered |
|--------------------------------------|--|--------------------------------------|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                      | 2024-07-06                                     |                                      |
| Wellness_Plan                        | 1  |                                      |
| Accommodation                        | 2  |                                      |
| Employment_Status                    | 2  |                                      |
| Education_Status                     | 1  |                                      |
|                                      |  |                                      |



# 4.3.8 PRIMHD-03a Collection Occasion, Outcome Tool and Outcome Item Details Test Data

| Field Name                | Ex | Expected PRIMHD Extract value     |            |     |       |      |      |      |      |                     |    | Please record<br>ALL values<br>you entered |    |                     |
|---------------------------|----|-----------------------------------|------------|-----|-------|------|------|------|------|---------------------|----|--|----|---------------------|
| Collection_Occasion_ID    | En | Enter your Collection Occasion ID |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Reason_For_Collection     | RC | 80                                |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Collection_Occasion_Date  | 20 | 24-(                              | )7-0       | 6T0 | 8:00  | 00:0 |      |      |      |                     |    |  |    |                     |
| Healthcare_Worker_CPN     | 18 | ABC                               | D          |     |       |      |      |      |      |                     |    |  |    |                     |
| Outcome_Episode_ID        | En | ter y                             | <i>our</i> | Ou  | tcon  | ne E | piso | ode  | ID   |                     |    |  |    |                     |
| Protocol_Version          | 01 | 20                                |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Focus_Of_Care             | FC | 04                                |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Outcome_Tool_Type_Version | A1 |                                   |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Mode of Administration    | MA | \01                               |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Collection_Status         | CS | 601                               |            |     |       |      |      |      |      |                     |    |  |    |                     |
| <br>Completion_Date       | 20 | 24-(                              | )7-0       | 6T0 | 9:00  | 00:0 |      |      |      |                     |    |  |    |                     |
| Outcome_Item_Code         | 1  | 2                                 | 3          | 4   | 5     | 6    | 7    | 8    | 8a   | 9                   | 10 | 11   | 12 |                     |
| Values you entered        |    |                                   |            |     |       |      |      |      |      |                     |    |  |    | ← use these columns |
| Outcome_Item_Value        | 2  | 1                                 | 2          | 2   | 1     | 1    | 3    | 4    | Н    | 3                   | 4  | 0  | 1  |                     |
| Values you entered        |    |                                   |            |     |       |      |      |      |      |                     |    |  |    | ← use these columns |
|                           |    |                                   |            |     |       |      |      |      |      |                     |    |  | ·  |                     |
| Collection_Occasion_ID    | En | ter y                             | <i>our</i> | Col | llect | ion  | Осс  | asic | n ID |                     |    |  |    |                     |
| Reason_For_Collection     | RC | :03                               |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Collection_Occasion_Date  | 20 | 24-(                              | )7-1       | 6T0 | 9:30  | 00:0 |      |      |      |                     |    |  |    |                     |
| Healthcare_Worker_CPN     | 18 | ABC                               | D          |     |       |      |      |      |      |                     |    |  |    |                     |
| Outcome_Episode_ID        | En | ter y                             | <i>our</i> | Ou  | tcon  | ne E | piso | ode  | ID   |                     |    |  |    |                     |
| Protocol_Version          | 01 | 20                                |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Focus_Of_Care             | FC | 80                                |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Outcome_Tool_Type_Version | A1 |                                   |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Mode_of_Administration    | MA | <b>\</b> 01                       |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Collection_Status         | CS | CS01                              |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Completion_Date           | 20 | 2024-07-16T15:00:00               |            |     |       |      |      |      |      |                     |    |  |    |                     |
| Outcome_Item_Code         | 1  | 2                                 | 3          | 4   | 5     | 6    | 7    | 8    | 8a   | 9                   | 10 | 11   | 12 |                     |
| Values you entered        |    |                                   |            |     |       |      |      |      |      | ← use these columns |    |  |    |                     |
| Outcome_Item_Value        | 1  | 1                                 | 0          | 2   | 1     | 1    | 2    | 1    | В    | 3                   | 2  | 0  | 1  |                     |
| Values you entered        |    |                                   |            |     |       |      |      |      |      |                     |    |  |    | ← use these columns |



#### Health NZ Data Management

## 4.3.9 PRIMHD-03b Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your inpatient Team Code        |                                      |
| Event_HCU_ID           | XRJ4130                               |                                      |
| Sex                    | Μ                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | СМ                                    |                                      |
| Referral_To            | СМ                                    |                                      |
| Referral_End_Code      | DW                                    |                                      |
| Start_Date_Time        | 2024-07-07T13:00:00                   |                                      |
| End_Date_Time          | 2024-07-15T16:00:00                   |                                      |

## 4.3.10 PRIMHD-03b Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T03                           |                                      |
| Activity_Setting          | IP                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-07T13:00:00           |                                      |
| End_Date_Time             | 2024-07-15T16:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T33                           |                                      |
| Activity_Setting          | IP                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-08T10:00:00           |                                      |
| End_Date_Time             | 2024-07-08T12:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T33                           |                                      |
| Activity_Setting          | IP                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-08T12:30:00           |                                      |
| End_Date_Time             | 2024-07-08T16:30:00           |                                      |



## 4.3.11 PRIMHD-03b Classification Details Test Data

| Field Name                | Expected PRIMHD Extract value     | Please record ALL values you entered |
|---------------------------|-----------------------------------|--------------------------------------|
| Classification_Code_ID    | Enter your Classification Code ID |                                      |
| Clinical_Coding_System_ID | 15                                |                                      |
| Diagnosis_Type            | A                                 |                                      |
| Clinical_Code_Value       | F511                              |                                      |
| Start_Date_Time           | 2024-07-07T13:00:00               |                                      |
| End_Date_Time             | 2024-07-15T16:00:00               |                                      |

## 4.3.12 PRIMHD-03b Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL values you entered |
|--------------------------------------|--|--------------------------------------|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                      | 2024-07-07                                     |                                      |
| Wellness_Plan                        | 1  |                                      |
| Accommodation                        | 2  |                                      |
| Employment_Status                    | 2  |                                      |
| Education_Status                     | 1  |                                      |
|                                      |  |                                      |



# 4.3.13 PRIMHD-03b Collection Occasion, Outcome Tool and Outcome Item Details Test Data

| Field Name                | Ex | Expected PRIMHD Extract value     |      |      |       |      |      |                     |        |   |    | Please record ALL<br>values you<br>entered |    |                        |
|---------------------------|----|-----------------------------------|------|------|-------|------|------|---------------------|--------|---|----|--|----|------------------------|
| Collection_Occasion_ID    | Er | Enter your Collection Occasion ID |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Reason_For_Collection     | R  | 203                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Collection_Occasion_Date  | 20 | 24-                               | 07-0 | )7T′ | 14:0  | 0:00 | )    |                     |        |   |    |  |    |                        |
| Healthcare_Worker_CPN     | -  | AB                                | -    |      |       |      |      |                     |        |   |    |  |    |                        |
| Outcome_Episode_ID        | Er | nter                              | you  | r Oı | ıtco  | me   | Epis | sode                | e ID   |   |    |  |    |                        |
| Protocol_Version          | 01 |                                   |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Focus_Of_Care             | FC | 208                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Outcome_Tool_Type_Version | A1 |                                   |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Mode_of_Administration    |    | 401                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Collection_Status         |    | 501                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Completion_Date           | 20 |                                   | 07-0 | )7T  |       |      |      |                     |        |   |    |  |    |                        |
| Outcome_Item_Code         | 1  | 2                                 | 3    | 4    | 5     | 6    | 7    | 8                   | 8a     | 9 | 10 | 11   | 12 |                        |
| Values you entered        |    |                                   |      |      |       |      |      |                     |        |   |    |  |    | ← use these<br>columns |
| Outcome Item Value        | 2  | 4                                 | 3    | 3    | 1     | 1    | 2    | 1                   | В      | 2 | 1  | 0  | 1  |                        |
| Values you entered        |    |                                   |      |      |       |      |      |                     |        |   |    |  |    | ← use these<br>columns |
|                           |    |                                   |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Collection_Occasion_ID    | Er | ter                               | you  | r Co | ollec | tion | Ос   | cas                 | ion IĽ | ) |    |  |    |                        |
| Reason_For_Collection     | R  | 208                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Collection_Occasion_Date  | 20 | 24-                               | 07-1 | Ι5Τ΄ | 10:3  | 0:00 | )    |                     |        |   |    |  |    |                        |
| Healthcare_Worker_CPN     | 18 | AB                                | CD   |      |       |      |      |                     |        |   |    |  |    |                        |
| Outcome_Episode_ID        | Er | nter                              | you  | r Oı | ıtco  | me   | Epis | sode                | e ID   |   |    |  |    |                        |
| Protocol Version          | 01 | 20                                | -    |      |       |      |      |                     |        |   |    |  |    |                        |
| Focus Of Care             | FC | 201                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Outcome_Tool_Type_Version | A1 |                                   |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Mode_of_Administration    | M  | 401                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Collection_Status         | CS | S01                               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Completion_Date           | 20 | 2024-07-15T11:30:00               |      |      |       |      |      |                     |        |   |    |  |    |                        |
| Outcome_Item_Code         | 1  | 2                                 | 3    | 4    | 5     | 6    | 7    | 8                   | 8a     | 9 | 10 | 11   | 12 |                        |
| Values you entered        |    |                                   |      |      |       |      |      | ← use these columns |        |   |    |  |    |                        |
| Outcome Item Value        | 1  | 1                                 | 0    | 2    | 1     | 1    | 2    | 1                   | В      | 3 | 2  | 0  | 1  |                        |
| Values you entered        |    |                                   |      |      |       |      |      |                     |        | - |    | _  |    | ← use these<br>columns |



## 4.4 Test Scenario PRIMHD-04

#### 4.4.1 PRIMHD-04 Completion Acknowledgement

| Reason if unable to complete or have changed expected values: | TICK HERE<br>WHEN<br>COMPLETE |  |
|---|-------------------------------|--|
|---|-------------------------------|--|

#### 4.4.2 PRIMHD-04 Test Client D Scenario Conditions

#### Conditions under test 4 for Client D are:

- On the 18<sup>th</sup> July 2024 at 11am Client D is referred from their general practitioner into a community mental health team.
- On the 19th July at 10:30am for 45 minutes the Client is seen face to face onsite, there is no family/ whānau present. Supplementary consumer record (SCR) details are collected.
- On the 21<sup>st</sup> July at 1pm for 45 minutes the Client is seen face to face onsite with no family/ whānau present. An outcome collection is completed for the new referral.
- On the 26<sup>th</sup> July at 9am for 25 minutes a diagnosis is made of bi-polar 2 disorder at a multi-disciplinary team meeting. The Client is not present.
- On the 28<sup>th</sup> July at 3pm for 15 minutes the Client has a face-to-face contact at their home.

#### 4.4.3 PRIMHD-04 Test Client D New Details

| Field               | Test Client D Details             |
|---------------------|-----------------------------------|
| Surname             | Smith                             |
| First Names         | John                              |
| Address             | 133 Molesworth Street, Wellington |
| Date of Birth       | 20/09/2022                        |
| Gender              | Male                              |
| Ethnicity           | Other Ethnicity (code 61)         |
| Ethnicity (2)       | [This should be blank]            |
| Ethnicity (3)       | [This should be blank]            |
| NZ Resident Status  | NZ Resident                       |
|                     |                                   |
| Returned NHI Number | XRJ4156                           |



## 4.4.4 PRIMHD-04 Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your community Team Code        |                                      |
| Event_HCU_ID           | XRJ4156                               |                                      |
| Sex                    | M                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | GP                                    |                                      |
| Referral_To            | [This should be blank]                |                                      |
| Referral_End_Code      | [This should be blank]                |                                      |
| Start_Date_Time        | 2024-07-18T11:00:00                   |                                      |
| End_Date_Time          | [This should be blank]                |                                      |

## 4.4.5 PRIMHD-04 Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-19T10:30:00           |                                      |
| End_Date_Time             | 2024-07-19T11:15:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-21T13:00:00           |                                      |
| End_Date_Time             | 2024-07-21T13:45:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T08                           |                                      |
| Activity_Setting          | OS                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-26T09:00:00           |                                      |
| End_Date_Time             | 2024-07-26T09:25:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-28T15:00:00           |                                      |
| End_Date_Time             | 2024-07-28T15:15:00           |                                      |

PRIMHD Compliance Test Script Version 2.6 FINAL



## 4.4.6 PRIMHD-04 Classification Details Test Data

| Field Name                | Expected PRIMHD Extract value     | Please record ALL values you entered |
|---------------------------|-----------------------------------|--------------------------------------|
| Classification_Code_ID    | Enter your Classification Code ID |                                      |
| Clinical_Coding_System_ID | 07                                |                                      |
| Diagnosis_Type            | A                                 |                                      |
| Clinical_Code_Value       | 29689                             |                                      |
| Start_Date_Time           | 2024-07-26T09:00:00               |                                      |
| End_Date_Time             | [This should be blank]            |                                      |

# 4.4.7 PRIMHD-04 Collection Occasion, Outcome Tool and Outcome Item Details Test Data

| Field Name                |    |                           |      |      |      |      |                     |      | Please record ALL values you entered |      |    |    |    |                     |
|---------------------------|----|---------------------------|------|------|------|------|---------------------|------|--------------------------------------|------|----|----|----|---------------------|
| Collection_Occasion_ID    | Er | nter                      | · yo | ur ( | Coll | ect  | ion                 | Ос   | casi                                 | on I | D  |    |    |                     |
| Reason_For_Collection     | R  | C02                       | 2    |      |      |      |                     |      |                                      |      |    |    |    |                     |
| Collection_Occasion_Date  | 20 | )24-                      | -07  | -21  | T13  | 3:00 | ):00                | )    |                                      |      |    |    |    |                     |
| Healthcare_Worker_CPN     | 18 | BAB                       | CD   | )    |      |      |                     |      |                                      |      |    |    |    |                     |
| Outcome_Episode_ID        | Er | nter                      | · yo | ur ( | Dut  | con  | ne I                | Epi: | sode                                 | ID   |    |    |    |                     |
| Protocol_Version          | 01 | 20                        |      |      |      |      |                     |      |                                      |      |    |    |    |                     |
| Focus_Of_Care             | FC | 208                       |      |      |      |      |                     |      |                                      |      |    |    |    |                     |
| Outcome_Tool_Type_Version | A  | 1                         |      |      |      |      |                     |      |                                      |      |    |    |    |                     |
| Mode_of_Administration    | M  | A01                       | l    |      |      |      |                     |      |                                      |      |    |    |    |                     |
| Collection_Status         | C  | S01                       |      |      |      |      |                     |      |                                      |      |    |    |    |                     |
| Completion_Date           | 20 | )24-                      | -07  | -21  | T14  | 1:00 | ):00                | )    |                                      |      |    |    |    |                     |
| Outcome_Item_Code         | 1  | 2                         | 3    | 4    | 5    | 6    | 7                   | 8    | 8a                                   | 9    | 10 | 11 | 12 |                     |
| Values you entered        |    |                           |      |      |      |      |                     |      |                                      |      |    |    |    | ← use these columns |
| Outcome_Item_Value        | 2  | 2 3 2 2 1 1 0 2 G 3 0 1 1 |      |      |      |      |                     |      |                                      |      |    |    |    |                     |
| Values you entered        |    |                           |      |      |      |      | ← use these columns |      |                                      |      |    |    |    |                     |

## 4.4.8 PRIMHD-04 Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL<br>values you entered |
|--------------------------------------|--|---|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |   |
| Collection_Date                      | 2024-07-19                                     |   |
| Wellness_Plan                        | 7  |   |
| Accommodation                        | 1  |   |
| Employment_Status                    | 3  |   |
| Education_Status                     | 2  |   |
|                                      |  |   |



## 4.5 Test Scenario PRIMHD-05

#### 4.5.1 PRIMHD-05 Completion Acknowledgement

| Reason if unable to complete or have changed expected values: | TICK HERE<br>WHEN<br>COMPLETE |  |
|---|-------------------------------|--|
|---|-------------------------------|--|

#### 4.5.2 PRIMHD-05 Test Client E Scenario Conditions

#### Conditions under test 5 for Client E are:

- On the 18<sup>th</sup> July 2024 at 11am Client E is referred from their general practitioner into a community mental health team.
- On the 24<sup>th</sup> July at 3pm for 60 minutes the Client is seen at their home with the family/ whānau present.

#### 4.5.3 PRIMHD-05 Test Client E New Details

| Field              | Test Client E Details             |
|--------------------|-----------------------------------|
| Surname            | Smith                             |
| First Names        | Jon                               |
| Address            | 133 Molesworth Street, Wellington |
| Date of Birth      | 20/09/2022                        |
| Gender             | Male                              |
| Ethnicity          | Other Ethnicity (code 61)         |
| Ethnicity (2)      | [This should be blank]            |
| Ethnicity (3)      | [This should be blank]            |
| NZ Resident Status | NZ Resident                       |
|                    |                                   |

|  | Returned NHI Number | JMS9202 |
|--|---------------------|---------|
|--|---------------------|---------|



## 4.5.4 PRIMHD-05 Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your community Team Code        |                                      |
| Event_HCU_ID           | JMS9202                               |                                      |
| Sex                    | Μ                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | GP                                    |                                      |
| Referral_To            | [This should be blank]                |                                      |
| Referral_End_Code      | [This should be blank]                |                                      |
| Start_Date_Time        | 2024-07-18T11:00:00                   |                                      |
| End_Date_Time          | [This should be blank]                |                                      |

## 4.5.5 PRIMHD-05 Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 1                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-24T15:00:00           |                                      |
| End_Date_Time             | 2024-07-24T16:00:00           |                                      |



## 4.6 Test Scenario PRIMHD-06

#### 4.6.1 PRIMHD-06 Completion Acknowledgement

|  | TICK HERE<br>WHEN<br>COMPLETE |  |
|--|-------------------------------|--|
|--|-------------------------------|--|

#### 4.6.2 PRIMHD-06 Test Scenario Conditions

#### Conditions under test 6 are:

Scenarios PRIMHD-04 and PRIMHD-05 are merged under the master HCU\_ID XRJ4156.

#### Your extract should contain:

- Scenario PRIMHD-04 has the master HCU\_ID so its referral\_id will be preserved and activities from PRIMHD-05 merged.
- A deletion file for PRIMHD-05.

#### Please Note:

This needs to be a separate extract as it changes information sent for Scenarios 04 & 05.



# 5.0 NGO Test Scenarios

THE COMPLIANCE SCENARIOS IN THIS SECTION ARE FOR NGOS TO COMPLETE ONLY. DHBs SHOULD REFER TO SECTION 4.

## 5.1 Test Scenario PRIMHD-07

#### 5.1.1 PRIMHD-07 Completion Acknowledgement

| Reason if unable to complete or have changed expected values: | TICK HERE<br>WHEN<br>COMPLETE |  |
|---|-------------------------------|--|
|   |                               |  |

#### 5.1.2 PRIMHD-07 Test Client F Scenario Conditions

#### Conditions under test 7 for Client F are:

- On the 18<sup>th</sup> July 2024 at 11am Client F is referred from a community mental health team in the DHB to an NGO service.
- On the 19th July at 10:30am for 45 minutes the Client is seen face to face onsite, there is no family/ whānau present.
- On the 21<sup>st</sup> July at 1pm for 45 minutes the Client is seen face to face in their home with no family/ whānau present.
- On the 24<sup>th</sup> July at 3pm for 30 minutes the Client is seen at their home with the family/ whānau present. Supplementary consumer record (SCR) details are collected at this time.
- On the 28<sup>th</sup> July at 3pm for 60 minutes the Client has a face-to-face contact at their home with no family/ whānau present.
- On the 30<sup>th</sup> July at 10am the Client is discharged from the NGO service, requiring no further care.

#### 5.1.3 PRIMHD-07 Test Client F New Details

| Field              | Test Client F Details             |
|--------------------|-----------------------------------|
| Surname            | Smith                             |
| First Names        | John                              |
| Address            | 133 Molesworth Street, Wellington |
| Date of Birth      | 20/09/2022                        |
| Gender             | Female                            |
| Ethnicity          | Maori (code 21)                   |
| Ethnicity (2)      | [This should be blank]            |
| Ethnicity (3)      | [This should be blank]            |
| NZ Resident Status | NZ Resident                       |
|                    | -                                 |

|  | Returned NHI Number | XRJ4164 |
|--|---------------------|---------|
|--|---------------------|---------|



## 5.1.4 PRIMHD-07 Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your Team Code                  |                                      |
| Event_HCU_ID           | XRJ4164                               |                                      |
| Sex                    | F                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | СМ                                    |                                      |
| Referral_To            | NR                                    |                                      |
| Referral_End_Code      | DR                                    |                                      |
| Start_Date_Time        | 2024-07-18T11:00:00                   |                                      |
| End_Date_Time          | 2024-07-30T10:00:00                   |                                      |

## 5.1.5 PRIMHD-07 Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | СМ                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-19T10:30:00           |                                      |
| End_Date_Time             | 2024-07-19T11:15:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-21T13:00:00           |                                      |
| End_Date_Time             | 2024-07-21T13:45:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 1                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-24T15:00:00           |                                      |
| End_Date_Time             | 2024-07-24T15:30:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-28T15:00:00           |                                      |
| End_Date_Time             | 2024-07-28T16:00:00           |                                      |

PRIMHD Compliance Test Script Version 2.6 FINAL



## 5.1.6 PRIMHD-07 Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL values you entered |
|--------------------------------------|--|--------------------------------------|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                      | 2024-07-24                                     |                                      |
| Wellness_Plan                        | 1  |                                      |
| Accommodation                        | 1  |                                      |
| Employment_Status                    | 2  |                                      |
| Education_Status                     | 2  |                                      |
|                                      |  |                                      |



## 5.2 Test Scenario PRIMHD-08

#### 5.2.1 PRIMHD-08 Completion Acknowledgement

| Reason if unable to complete or have changed expected values: | TICK HERE<br>WHEN<br>COMPLETE |  |
|---|-------------------------------|--|
|   |                               |  |

### 5.2.2 PRIMHD-08 Test Client G Scenario Conditions

## Conditions under test 8 for Client G are:

- On the 25<sup>th</sup> July 2024 at 10am Client G is referred from another Community Mental Health team to an NGO Community service.
- On the 26<sup>th</sup> July at 10am for 60 minutes the Client is seen face to face onsite, there is no family/ whānau present.
- On the 30<sup>th</sup> July at 3pm the Client is discharged.

#### 5.2.3 PRIMHD-08 Test Client G New Details

| Field              | Test Client G Details             |
|--------------------|-----------------------------------|
| Surname            | Smith                             |
| First Names        | Jon                               |
| Address            | 133 Molesworth Street, Wellington |
| Date of Birth      | 20/09/2022                        |
| Gender             | Female                            |
| Ethnicity          | Don't Know (code 94)              |
| Ethnicity (2)      | [This should be blank]            |
| Ethnicity (3)      | [This should be blank]            |
| NZ Resident Status | NZ Resident                       |
|                    |                                   |

|                     | -       |
|---------------------|---------|
| Returned NHI Number | XRJ4172 |
|                     | -       |



## 5.2.4 PRIMHD-08 Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your Team Code                  |                                      |
| Event_HCU_ID           | XRJ4172                               |                                      |
| Sex                    | F                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | СМ                                    |                                      |
| Referral_To            | NR                                    |                                      |
| Referral_End_Code      | DR                                    |                                      |
| Start_Date_Time        | 2024-07-25T10:00:00                   |                                      |
| End_Date_Time          | 2024-07-30T15:00:00                   |                                      |

## 5.2.5 PRIMHD-08 Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T53                           |                                      |
| Activity_Setting          | CM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-07-26T10:00:00           |                                      |
| End_Date_Time             | 2024-07-26T11:00:00           |                                      |



## 5.3 Test Scenario PRIMHD-09

#### 5.3.1 PRIMHD-09 Completion Acknowledgement

|  | TICK HERE<br>WHEN<br>COMPLETE |  |
|--|-------------------------------|--|
|--|-------------------------------|--|

#### 5.3.2 PRIMHD-09 Test Scenario Conditions

#### Conditions under test 9 are:

Scenarios PRIMHD-07 and PRIMHD-08 are merged under the master HCU\_ID XRJ4164.

#### Your extract should contain:

- Scenario PRIMHD-07 has the master HCU\_ID so its referral\_id and file will be preserved, and the activity from PRIMHD-08 merged into this referral.
- A deletion file for PRIMHD-08.

#### Please Note:

This needs to be a separate extract as it changes information sent for Scenarios 07 & 08.



# 5.4 Test Scenario PRIMHD-10a and 10b

### 5.4.1 PRIMHD-10a and 10b Completion Acknowledgement

| TICK HERE<br>WHEN<br>COMPLETE |  |
|-------------------------------|--|
|                               |  |

## 5.4.2 PRIMHD-10a Test Client F Scenario Conditions

#### Conditions under test 10a for existing Client F are:

- On the 24<sup>th</sup> April 2024 at 10am Client F is referred from a Psychiatric Inpatient team in the DHB to an NGO Residential service.
- On the 24<sup>th</sup> April at 10am the Client enters the residential bed.
- On the 27<sup>th</sup> April at 3pm the Client goes on leave for 2 nights to stay with family/ whānau.
- On the 29<sup>th</sup> April at 11am the Client returns from leave to the residential facility.
- On the 30<sup>th</sup> April supplementary consumer record (SCR) details are collected.
- At the time the PRIMHD extract is submitted for scenario 10a, the Client remains in the residential bed, and the referral is still open.

### 5.4.3 PRIMHD-10a - Existing Test Client F

| Field              | Test Client F Details             |
|--------------------|-----------------------------------|
| Surname            | Smith                             |
| First Names        | John                              |
| Address            | 133 Molesworth Street, Wellington |
| Date of Birth      | 20/09/2022                        |
| Gender             | Female                            |
| Ethnicity          | Maori (code 21)                   |
| Ethnicity (2)      | [This should be blank]            |
| Ethnicity (3)      | [This should be blank]            |
| NZ Resident Status | NZ Resident                       |

| NHI Number > | XRJ4199 |
|--------------|---------|



## 5.4.4 PRIMHD-10a Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-04-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your Team Code                  |                                      |
| Event_HCU_ID           | XRJ4199                               |                                      |
| Sex                    | F                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | PI                                    |                                      |
| Referral_To            | [This should be left blank]           |                                      |
| Referral_End_Code      | [This should be left blank]           |                                      |
| Start_Date_Time        | 2024-04-24T10:00:00                   |                                      |
| End_Date_Time          | [This should be left blank]           |                                      |

# 5.4.5 PRIMHD-10a Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T27                           |                                      |
| Activity_Setting          | RE                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-04-24T10:00:00           |                                      |
| End_Date_Time             | 2024-04-27T15:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T37                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | [This should be left blank]   |                                      |
| Start_Date_Time           | 2024-04-27T15:00:00           |                                      |
| End_Date_Time             | 2024-04-29T11:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T27                           |                                      |
| Activity_Setting          | RE                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-04-29T11:00:00           |                                      |
| End_Date_Time             | [This should be left blank]   |                                      |
|                           |                               |                                      |



# 5.4.6 PRIMHD-10a Supplementary Consumer Record Details Test Data

| Field Name                          | Expected PRIMHD Extract value                  | Please record ALL values you entered |
|-------------------------------------|--|--------------------------------------|
| Supplementary_Consumer<br>Record ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                     | 2024-04-30                                     |                                      |
| Wellness_Plan                       | 1  |                                      |
| Accommodation                       | 2  |                                      |
| Employment_Status                   | 3  |                                      |
| Education_Status                    | 2  |                                      |
|                                     |  |                                      |

### 5.4.7 PRIMHD-10b Test Client F Scenario Conditions

#### Please Note:

This needs to be a separate extract as it updates information sent in Scenario 10a.

#### Conditions under test 10b for Client F are (continuing from 10a above):

 On the 8<sup>th</sup> July 2024 at 1.30pm the Client is discharged from the Residential facility to a Community Support Services Team.

### 5.4.8 PRIMHD-10b - Existing Test Client F

| Field              | Test Client F Details             |
|--------------------|-----------------------------------|
| Surname            | Smith                             |
| First Names        | John                              |
| Address            | 133 Molesworth Street, Wellington |
| Date of Birth      | 20/09/2022                        |
| Gender             | Female                            |
| Ethnicity          | Maori (code 21)                   |
| Ethnicity (2)      | [This should be blank]            |
| Ethnicity (3)      | [This should be blank]            |
| NZ Resident Status | NZ Resident                       |

| NHI Number XRJ4199 |
|--------------------|
|--------------------|

### 5.4.9 PRIMHD-10b Referral Details Test Data

(Update of referral sent in scenario 10a)

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |
|------------------------|---------------------------------------|--------------------------------------|
| File_Version           | 2.4                                   |                                      |
| Referral_ID            | Enter your Referral ID                |                                      |
| Organisation_ID        | Enter your Organisation ID            |                                      |
| Extract_From_Date_Time | 2024-04-01T00:00:00                   |                                      |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |
| Team_Code              | Enter your Team Code                  |                                      |
| Event_HCU_ID           | XRJ4199                               |                                      |
| Sex                    | F                                     |                                      |
| Date_Of_Birth          | 2022-09-20                            |                                      |
| Referral_From          | PI                                    |                                      |
| Referral_To            | CS                                    |                                      |
| Referral_End_Code      | DR                                    |                                      |
| Start_Date_Time        | 2024-04-24T10:00:00                   |                                      |
| End_Date_Time          | 2024-07-08T13:30:00                   |                                      |



# 5.4.10 PRIMHD-10b Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |
|---------------------------|-------------------------------|--------------------------------------|
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T27                           |                                      |
| Activity_Setting          | RE                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| Start_Date_Time           | 2024-04-24T10:00:00           |                                      |
| End_Date_Time             | 2024-04-27T15:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T37                           |                                      |
| Activity_Setting          | DM                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | [This should be left blank]   |                                      |
| Start_Date_Time           | 2024-04-27T15:00:00           |                                      |
| End_Date_Time             | 2024-04-29T11:00:00           |                                      |
|                           |                               |                                      |
| Activity_ID               | Enter your Activity ID        |                                      |
| Activity_Type             | T27                           |                                      |
| Activity_Setting          | RE                            |                                      |
| Family/Whānau Involvement | 2                             |                                      |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |
| <br>Start_Date_Time       | 2024-04-29T11:00:00           |                                      |
| End_Date_Time             | 2024-07-08T13:30:00           |                                      |
|                           |                               |                                      |

## 5.4.11 PRIMHD-10b Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL values you entered |
|--------------------------------------|--|--------------------------------------|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                      | 2024-04-30                                     |                                      |
| Wellness_Plan                        | 1  |                                      |
| Accommodation                        | 2  |                                      |
| Employment_Status                    | 3  |                                      |
| Education_Status                     | 2  |                                      |
|                                      |  |                                      |



# 5.5 Test Scenario PRIMHD-11 – ADOM

#### 5.5.1 PRIMHD-11 Completion Acknowledgement

| TICK HERE<br>WHEN<br>COMPLETE |  |
|-------------------------------|--|
|                               |  |

### 5.5.2 PRIMHD-11 Test Client H Scenario Conditions

#### Conditions under test 11 for Client H are:

- On the 27<sup>th</sup> July 2024 at 10am Client H is referred from another Community Mental Health team to an NGO Alcohol and Drug (AOD) Community service.
- On the 28<sup>th</sup> July at 10am for 60 minutes the Client is seen face to face onsite, there is no family/ whānau present. An ADOM Treatment Start collection occasion record is completed at this appointment. Supplementary consumer record (SCR) details are collected at this point.
- On the 31<sup>st</sup> July at 2pm for 30 minutes the Client is seen face to face with family/ whānau present.
- On the 10<sup>th</sup> August at 2pm for 60 minutes the Client is seen face to face with no family/ whānau present. Updated supplementary consumer record (SCR) details are collected at this point as there has been a change in the client's circumstances.

### 5.5.3 PRIMHD-11 Test Client H New Details

| Field              | Test Client C Details             |
|--------------------|-----------------------------------|
| Surname            | Doe                               |
| First Names        | Junior                            |
| Address            | 133 Molesworth Street, Wellington |
| Date of Birth      | 31/12/1962                        |
| Gender             | Male                              |
| Ethnicity          | Samoan (code 31)                  |
| Ethnicity (2)      | [This should be blank]            |
| Ethnicity (3)      | [This should be blank]            |
| NZ Resident Status | NZ Resident                       |

| Returned NHI Number | ZAT5479 |
|---------------------|---------|
|---------------------|---------|



## 5.5.4 PRIMHD-11 Referral Details Test Data

| Field Name             | Expected PRIMHD Extract value         | Please record ALL values you entered |  |  |  |
|------------------------|---------------------------------------|--------------------------------------|--|--|--|
| File_Version           | 2.4                                   |                                      |  |  |  |
| Referral_ID            | Enter your Referral ID                |                                      |  |  |  |
| Organisation_ID        | Enter your Organisation ID            |                                      |  |  |  |
| Extract_From_Date_Time | 2024-07-01T00:00:00                   |                                      |  |  |  |
| Extracted_Date_Time    | Enter the date you create the extract |                                      |  |  |  |
| Team_Code              | Enter your Team Code                  |                                      |  |  |  |
| Event_HCU_ID           | ZAT5479                               |                                      |  |  |  |
| Sex                    | M                                     |                                      |  |  |  |
| Date_Of_Birth          | 1962-12-31                            |                                      |  |  |  |
| Referral_From          | СМ                                    |                                      |  |  |  |
| Referral_To            |                                       |                                      |  |  |  |
| Referral_End_Code      |                                       |                                      |  |  |  |
| Start_Date_Time        | 2024-07-27T10:00:00                   |                                      |  |  |  |
| End_Date_Time          |                                       |                                      |  |  |  |

# 5.5.5 PRIMHD-11 Activity Details Test Data

| Field Name                | Expected PRIMHD Extract value | Please record ALL values you entered |  |  |
|---------------------------|-------------------------------|--------------------------------------|--|--|
| Activity_ID               | Enter your Activity ID        |                                      |  |  |
| Activity_Type             | T53                           |                                      |  |  |
| Activity_Setting          | OS                            |                                      |  |  |
| Family/Whānau Involvement | 2                             |                                      |  |  |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |  |  |
| Start_Date_Time           | 2024-07-28T10:00:00           |                                      |  |  |
| End_Date_Time             | 2024-07-28T11:00:00           |                                      |  |  |
|                           |                               |                                      |  |  |
| Activity_ID               | Enter your Activity ID        |                                      |  |  |
| Activity_Type             | T53                           |                                      |  |  |
| Activity_Setting          | СМ                            |                                      |  |  |
| Family/Whānau Involvement | 2                             |                                      |  |  |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |  |  |
| Start_Date_Time           | 2024-07-31T14:00:00           |                                      |  |  |
| End_Date_Time             | 2024-07-31T14:30:00           |                                      |  |  |
|                           |                               |                                      |  |  |
| Activity_ID               | Enter your Activity ID        |                                      |  |  |
| Activity_Type             | T53                           |                                      |  |  |
| Activity_Setting          | СМ                            |                                      |  |  |
| Family/Whānau Involvement | 2                             |                                      |  |  |
| Healthcare_Worker_CPN     | 18ABCD                        |                                      |  |  |
| Start_Date_Time           | 2024-08-10T14:00:00           |                                      |  |  |
| End_Date_Time             | 2024-08-10T15:30:00           |                                      |  |  |
|                           |                               |                                      |  |  |



# 5.5.6 PRIMHD-11 Supplementary Consumer Record Details Test Data

| Field Name                           | Expected PRIMHD Extract value                  | Please record ALL values you entered |
|--------------------------------------|--|--------------------------------------|
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                      | 2024-07-28                                     |                                      |
| Wellness_Plan                        | 1  |                                      |
| Accommodation                        | 2  |                                      |
| Employment_Status                    | 3  |                                      |
| Education_Status                     | 2  |                                      |
|                                      |  |                                      |
| Supplementary_Consumer<br>_Record_ID | Enter your Supplementary Consumer<br>Record ID |                                      |
| Collection_Date                      | 2024-08-10                                     |                                      |
| Wellness_Plan                        | 1  |                                      |
| Accommodation                        | 1  |                                      |
| Employment_Status                    | 2  |                                      |
| Education_Status                     | 2  |                                      |
|                                      |  |                                      |



## 5.5.7 PRIMHD-11 ADOM Collection Occasion Details Test Data

| Field Name                | Ex  | pect  | ed P  | RIMH   | ID Ex  | (trac | t val | ue |    |    |    |    | Please<br>record ALL<br>values you<br>entered |
|---------------------------|-----|-------|-------|--------|--------|-------|-------|----|----|----|----|----|---|
| Collection_Occasion_ID    | Ent | er ya | our C | ollec  | tion ( | Осса  | sion  | ID |    |    |    |    |   |
| Reason For Collection     | RC  | 13    |       |        |        |       |       |    |    |    |    |    |   |
| Collection Occasion Date  | 202 | 24-07 | 7-281 | 10:0   | 0:00   |       |       |    |    |    |    |    |   |
| Healthcare_Worker_CPN     | 18/ | BC    | D     |        |        |       |       |    |    |    |    |    |   |
| Outcome_Episode_ID        | Ent | er ya | our C | )utcol | me E   | pisod | le ID | )  |    |    |    |    |   |
| Protocol_Version          | 014 | 10    |       |        |        | -     |       |    |    |    |    |    |   |
| Focus_Of_Care             | FC  | 10    |       |        |        |       |       |    |    |    |    |    |   |
| Outcome_Tool_Type_Version | M1  |       |       |        |        |       |       |    |    |    |    |    |   |
| Mode_of_Administration    | MA  | .08   |       |        |        |       |       |    |    |    |    |    |   |
| Collection_Status         | CS  | 01    |       |        |        |       |       |    |    |    |    |    |   |
| Completion_Date           | 202 | 24-07 | 7-287 | 10:0   | 0:00   |       |       |    |    |    |    |    |   |
| Outcome_Item_Code         | 1   | 2     | 3     | 4      | 5      | 6     | 7a    | 7b | 7c | 7d | 7e | 7f |   |
| Values you entered        |     |       |       |        |        |       |       |    |    |    |    |    | ← use these<br>columns                        |
| Outcome_Item_Value        | 8   | 3     | 5     | 0      | 0      | 2     | 4     | 05 |    |    |    |    |   |
| Values you entered        |     |       |       |        |        |       |       |    |    |    |    |    | ← use these<br>columns                        |
| Outcome Item Code         | 8   | 9a    | 9b    | 9c     | 10     | 11    | 12    | 13 | 14 | 15 | 16 | 17 |   |
| Values you entered        |     |       |       |        |        |       |       |    |    |    |    |    | ← use these<br>columns                        |
| Outcome_Item_Value        | 10  | J     | Α     | Х      | 0      | X     | 2     | 4  | 3  | 3  | 3  | 1  |   |
| Values you entered        |     |       |       |        |        |       |       |    |    |    |    |    | ← use these<br>columns                        |
| Outcome_Item_Code         | 18  | 19    | 20    | 21     | 22     | 23    |       |    |    |    |    |    |   |
| Values you entered        |     |       |       |        |        |       |       |    |    |    |    |    | ← use these<br>columns                        |
| Outcome_Item_Value        | 1   | 3     | 2     | 14     | 2      | 1     |       |    |    |    |    |    |   |
| Values you entered        |     |       |       |        |        |       |       |    |    |    |    |    | ← use these<br>columns                        |



# 6.0 Glossary and References

# 6.1 Glossary

| Abbreviation | Definition   |
|--------------|--|
| ADOM         | Alcohol and Drug Outcome Measure                             |
| BA           | Business Analyst   |
| BIU          | Business Intelligence Unit, a former section of NZHIS        |
| DHB          | District Health Board  |
| DMS          | Data Management Services                                     |
| DQ           | Data Quality   |
| HNZ          | Health New Zealand   |
| ID           | Information Directorate, Ministry of Health                  |
| Ministry     | Ministry of Health   |
| МоН          | Ministry of Health   |
| NIS          | National Information Systems                                 |
| NRT          | National Rollout Team for PRIMHD Programme                   |
| PEP          | Programme Execution Plan                                     |
| PMO          | Programme Management Office, a business unit of the Ministry |
| PRIMHD       | Programme for the Integration of Mental Health Data          |
| SCR          | Supplementary Consumer Record                                |



# 7.0 Document Control

# 7.1 Version History

| Ver | Date     | Author(s)    |   |
|-----|----------|--------------|---|
| 2.6 | Jul 2022 | John Kalu    | - New version for 21/22 year – changed all dates in test scenarios to 2024 and file version updated from 2.5 to 2.6.  |
|     |          |              | Section 2.1 Scenario Guidelines and Background Instructions updated to include new item:  |
|     |          |              | Family/Whānau Involvement element has been<br>added in the activity sections of the events. If your<br>organisation has not implemented this new data field<br>in your PMS, you may leave it out as it is still<br>optional. But the FWI field will become mandatory<br>from July 2023.   |
|     |          |              | - Added Family/Whānau Involvement (FWI) element<br>in the Activity section for all the scenarios to reflect<br>NCAMP21 update.  |
|     |          |              | <ul> <li>Appropriate values for FWI provided based on<br/>activity type in each test scenario.</li> </ul>   |
|     |          |              | - PRIMHD-01 Test Client A (section 4.1.) - value for<br>Referral_From in the scenario changed to Court<br>Liaison "CO" to test one of the new values introduced<br>in NCAMP21.  |
|     |          |              | - PRIMHD-02a Test Client B (section 4. 2.) - value<br>for Referral_From in the scenario changed to<br>Corrections/Prison "CR" to test one of the new<br>values introduced in NCAMP21.   |
| 2.5 | Dec 2019 | Hilary Sharp | <ul> <li>New version for 19/20 year.</li> <li>Changed dates to move the scenarios to 2019 to bring them more up to date.</li> <li>Updated email address to new format (@moh becomes @health).</li> <li>DHB scenario 3b – updated Clinical Coding System ID to be 15 (for 11<sup>th</sup> edition ICD-10-AM introduced 1 July 2019).</li> </ul>  |
| 2.4 | Jul 2018 | Hilary Sharp | <ul> <li>New version for 18/19 year – but no major updates<br/>as previous version was revised in Apr-18.</li> <li>DHB scenario 3a – adjusted referral start date from<br/>2006 to 2017 as it's no longer relevant to have pre-<br/>PRIMHD dated scenarios.</li> <li>DHB scenario 3a section 4.3.13 – changed value<br/>for item 8 to be 1 otherwise value of "B" for 8a<br/>doesn't make sense.</li> </ul> |



| Ver | Date           | Author(s)    |  |
|-----|----------------|--------------|--|
| 2.3 | Apr 2018       | Hilary Sharp | <ul> <li>Replaced NHIs used throughout test script to be ZZZ series NHIs.</li> <li>Updated CPN number to be a valid CPN in the PRIMHD compliance environment.</li> <li>Changed LS code for CTO in DHB scenario 1 to be CL instead of CK.</li> <li>Changed dates to move the scenarios to 2017 to bring them more up to date.</li> </ul>  |
| 2.2 | Aug 2017       | Hilary Sharp | - Updated the last paragraph of section 3.2 which<br>gives details for organisations that may need to<br>migrate and/or open and close referrals as part of a<br>system change.  |
| 2.1 | Aug 2016       | Hilary Sharp | <ul> <li>Updated NGO Test Scenario 11 – ADOM outcome collection to have MA08, and to add in new items 21, 22 and 23.</li> <li>Updated file version to be 2.3 in all scenarios.</li> <li>Added in SCR records into relevant test scenarios.</li> <li>Changed dates to move the scenarios to 2016 to bring them more up to date.</li> <li>Removed retired code ST from DHB scenario PRIMHD-01.</li> </ul>  |
| 2.0 | Apr 2016       | Hilary Sharp | - Updated NGO Test Scenario 11 – ADOM outcome collection to remove the referral to and end codes from table 5.5.4.   |
| 1.9 | Sep 2015       | Hilary Sharp | <ul> <li>Scenarios – changed all dates from 2013 to 2015 to bring them more up to date, and file version updated from 2.1 to 2.2.</li> <li>Added NGO Test Scenario 11 – ADOM outcome collection.</li> </ul>  |
| 1.8 | Sep 2013       | Hilary Sharp | <ul> <li>Scenarios – changed all dates from 2011 to 2013 to bring them more up to date.</li> <li>Script run by DBAs to revert test HCUs to correct details for tests.</li> </ul>   |
| 1.7 | 16 May<br>2012 | Hilary Sharp | <ul> <li>Section 3.2 – added new requirement for DHBs<br/>undergoing referral migrations to provide a mapping<br/>table.</li> <li>Section 4.1.8 - added note regarding overlapping<br/>legal status records.</li> <li>Scenarios – changed all dates from 2009 to 2011 to<br/>bring them more up to date.</li> </ul>  |
| 1.6 | 16 Jun 2011    | Hilary Sharp | <ul> <li>Corrected required success rate percentage from<br/>95% to 98% (section 3.2, bullet point 2 on page 8).</li> <li>Removed the non-bednight activity records from<br/>residential scenarios PRIMHD-10a and PRIMHD-10b<br/>(as it is only valid for residential teams to report<br/>bednight and leave activities). Added a Leave activity<br/>record to ensure we are still checking additive data<br/>submission as opposed to incremental.</li> </ul> |
| 1.5 | 30 Jul 2010    | Hilary Sharp | <ul> <li>Updated scenario PRIMHD-08 for NGOs to ensure<br/>accurate activity dates are present for scenario<br/>PRIMHD-09 (when PRIMHD-08 is merged).</li> <li>Corrected referral_from field in NGO scenario<br/>PRIMHD-10a and PRIMHD-10b.</li> </ul>   |



| Ver | Date           | Author(s)  |   |
|-----|----------------|--|---|
| 1.4 | 21 Jul 2010    | Hilary Sharp   | Updated to align with NCAMP10 changes:<br>- Version 2.0 becomes 2.1<br>- Organisation Type field removed from Referral and<br>Legal Status schemas.   |
| 1.3 | 3 May 2010     | Hilary Sharp   | <ul> <li>Updated scenario PRIMHD-09 for NGOs to ensure<br/>delete part of the process is completed.</li> <li>Added in extra NGO scenario 10a &amp; 10b to cover<br/>off testing of Residential activity that crosses the end<br/>of a month, and testing of additive data submission<br/>as opposed to incremental.</li> </ul>  |
| 1.2 | 7 Aug 2009     | Hilary Sharp   | Updated to align script with NCAMP09 changes:<br>- Version 1.0 becomes 2.0<br>- Use of new ethnicity codes<br>- Corrected details of records to be merged for NGO<br>scenario   |
| 1.1 | 20 Aug<br>2008 | Scott<br>Hindmarsh<br>Tim Mepham                         | -Corrected typo of master merge HCU_ID.<br>-Corrected Healthcare_Worker_CPN to meet the<br>modulus 11 check digit algorithm specified in the HPI<br>Data Set document (see HISO 10005 section 3.3<br>and Appendix A)<br>-Corrected typo in section 4.4.4,<br>Extract_From_Date_Time<br>-Section 4.1.6, PRIMHD-01 Classification Details<br>Test Data, End_Date_Time field now has an<br>expected value. |
| 1.0 | 5 Aug. 2008    | Scott<br>Hindmarsh<br>Tim Mepham<br>Stuart<br>Bloomfield | Final version for sign-off, including Team Leader review formatting updates.  |
| 0.4 | 1 Aug. 2008    | Scott<br>Hindmarsh<br>Tim Mepham<br>Stuart<br>Bloomfield | Incorporated changes following review with Data<br>Quality Team.  |
| 0.3 | 30 Jul. 2008   | Scott<br>Hindmarsh<br>Tim Mepham<br>Stuart<br>Bloomfield | Updates following workshop and peer review with DHB and MoH representatives.  |
| 0.2 | 24 Jul. 2008   | Scott<br>Hindmarsh<br>Tim Mepham<br>Stuart<br>Bloomfield | Scenarios added.  |
| 0.1 | 4 Jul. 2008    | Scott<br>Hindmarsh<br>Tim Mepham<br>Stuart<br>Bloomfield | Initial draft.  |



#### Confidentiality

The information contained in this document is proprietary to the Ministry of Health. This document must not be used, reproduced, or disclosed to others except employees of the recipient of this document who have the need to know for the purposes of this assignment. Prior to such disclosure, the recipient of this document must obtain the agreement of such employees or other parties to receive and use such information as proprietary and confidential and subject to non-disclosure on the same conditions as set out above.

The recipient by retaining and using this document agrees to the above restrictions and shall protect the document and information contained in it from loss, theft and misuse.