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| File Specification | |

Prepared By: Health New Zealand – Te Whatu Ora

Effective Date: 01 July 2025

Version 2.9

Document Control

Document History

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| |  |  |  | | --- | --- | --- | | Date | Version | Description of Changes | | 01 July 2025 | V2.9 | Updated the end date for T36 and T42 to 30 June 2025.  Amended Business Rule BR-P61-22 and Response Message RM-P62-44 to become a Warning from an Error. | | 01 July 2024 | V2.8 | Updated the description for team type 11 which was incorrectly “A & D Dual Diag” where it should be “Co-existing Problems”.  Updated activity type and team type matrix due to the retirement of T36 and T42 and the introduction of T53. Corrected the activity type and team type matrix for team type 12 – intellectual disability dual and 26 – intellectual disability. | | 01 July 2023 | V2.7 | Updated to reflect the new Health of the Nation Outcome Scale of Infants (HoNOSI)  Section 5.1.2 Edited the term Gender Diverse to Another Gender  Section 5.5.2—added Clinical Code System 16 (ICD-10-AM Twelfth edition) | | 01 July 2022 | V2.6 | Updated to reflect the transfer of responsibility for PRIMHD from The Ministry of Health to Health NZ.  Updated Ethnicity references to the current standard.  Update Privacy references to the current Privacy Act and Health Information Privacy Code  Update DHBs to Districts | | 13 January 2022 | V2.5 | Section 5.4.1 FWI updated to Mandatory | | 1 July 2021 | V2.4 | Section 5.2.2, 5.3.2 and 5.10.2—Added file version 2.4.  Section 4.1.6 and 4.1.7 Updated ACTIVITY XML Instance Representation  Section 4.2.3 Updated Explanation of DIFFERENCES Segment  Section 4.4.1 Updated Logical Data Model  Section 5.2.2 File version change  Section 5.4.1 Added FWI to AT Record Data Elements  Section 5.4.2 Added FWI to AT Record Code Set Elements  Section 5.4.3 Added AT Code / FWI Code Matrix  Section 5.4.4 Added FWI to AT Record Business Rules  Section 5.9.3 Retired 3 SC Record Business Rules  Section 5.9.4 Retired 3 SC record response messages  Section 5.10.2 Updated file version  Section 5.10.5 Updated Team Type and Activity Type Matrix for team type 24 | | 20 Dec 2019 | V2.3.6 | Section 5.1.2 Added code O Gender Diverse. Removed code I Indeterminate  Section 5.3.2 Removed referral code OP. Added referral codes AC and OL.  Section 5.5.2 Amended SNOMED code from 8 to 50  Section 5.10.5 activity type team type matrix for new team type 26 and new activity type code T51. | | 1 July 2019 | V2.3.5 | Section 1.8 Updated email address to health.govt.nz [primhduserinterface@health.govt.nz](mailto:primhduserinterface@health.govt.nz)  Section 5.5.2—added Clinical Code System 15 (ICD-10-AM 11th edition)  Section 5.9.3 & 5.9.4 - Added explanatory wording to RM-P122-29, RM-P122-30 and RM-P122-31  Section 5.10.5 – updated T27 & T28 descriptions  Corrected RM-P62-39 Replaced Error with Warning | | 25 June 2018 | V2.3.4 | Section 5.8.3 & 5.8.4 – update to BR-P91-18 and RM-P92-19 to extend exceptions to codes 06, 98 or 99. | | 28 June 2017 | V2.3.3 | Section 3.3.3 Amendment to effect for DELETED\_FLAG present with value “DELETED”  Amended error code message reference for Focus of Care related to BR-P71-20 in 5.6.4 | | 27 May 2016 | V2.3.2 | Corrections to BR-P121-07, BR-P121-12, RM-P92-23 and RM-P122-26 | | 28 January 2016 | V2.3.1 | Sections 5.9.3 and 5.9.4—Left-padded one-digit business rule and response message references to two digits. | | 30 November 2015 | V2.3 | Section 4—Referred to Supplementary Consumer Record throughout where necessary.  Updated the XML Schema representations in Sections 4.1.2 and 4.1.3 to include Supplementary Consumer Records.  Inserted Sections 4.1.14 and 4.1.15—Representations of the Supplementary Consumer Record XML Entity.  Sections 4.3.1 and 4.3.2—Added the Supplementary Consumer Record data element.  Section 4.4.1—Updated the logical data model to include Supplementary Consumer Records.  Section 5.2.2, 5.3.2 and 5.10.2—Added Version 2.3.  Section 5.2.3—Added BR-P31-16 and BR-P31-17.  Section 5.2.4—Added RM-P32-32 and RM-P32-33.  Section 5.4.3—Added T50 to BR-P51-10.  Section 5.5.4—Added ‘Retired’ to RM-P62-33, which was retired previously.    Section 5.7.3—Added BR-P81-09.  Section 5.8.3—Added Outcome Item Codes 21, 22 and 23 to BR-P91-12.  Inserted Section 5.9—Structure, code sets, validations, business rules and response messages for Supplementary Consumer Records.  Section 5.12.5—Added Activity T50 to the matrix with its combinations of valid Team Type codes. | | 22 January 2015 | V2.2.2 | Update the Team Type and Activity Type Matrix in Section 5.9.5 to remove T34/02 and add T34/03. | | 18 March 2014 | V2.2.1 | Section 5.4.4—Corrected wording of RM-P52-23  Section 5.5.4—Retired RM-P62-33  Section 5.6.3—Updated BR-P71-17  Section 5.6.4—Updated RM-P72-28 | | 3 March 2014 | V2.2 | Minor changes throughout to improve wording, punctuation and to reflect the present state of the PRIMHD collection.  Section 3.2.1—added clarifications about referrals needing to include all child records every time they are sent and about data in XML files that error not being loaded into PRIMHD.  Section 4.1.8—removed Issue Coding System ID, Issue Type and Issue Code Value elements from the Referral Discharge XML schema.  Section 4.3.1—removed Issue Coding System ID from Classification element.  Section 4.4.1—removed Issue Coding System ID, Issue Type and Issue Code Value from the logical data model.  Section 5.2.2—added Versions 2.1 and 2.2.  Section 5.3.2—updated code sets to reflect the HISO Code Set document.  Section 5.4.3—updated BR-P51-10 to include activity types T46, T47 and T49; updated BR-P51-11 to include activity type T48; updated BR-P51-15 to include T47 and T49.  Section 5.4.4—updated RM-P52-33 to include T47 and T49.  Section 5.5.1—removed Issue Coding System ID, Issue Type and Issue Code Value from CN Record Details; made Clinical Coding System ID, Diagnosis Type and Clinical Code Value mandatory.  Section 5.5.2—added Clinical Code System 14 (ICD 10-AM eighth edition); removed code sets for Issue Coding System ID, Issue Type and Issue Code Value.  Section 5.5.3—update BR-P61-01 to add Clinical Coding System Id, Diagnosis Type, Clinical Code Value and RM-P62-54, RM-P62-55 and RM-P62-56; retired BR-P61-03, BR-P61-08, BR-P61-09, BR-P61-11, BR-P61-12, BR-P91-13, BR-P61-14; added ID to BR-P61-16.  Section 5.5.4—retired RM-P62-09, RM-P62-10, RM-P62-11, RM-P62-26, RM-P62-27, RM-P62-29, RM-P62-30, RM-P62-31, RM-P62-32, RM-P62-34, RM-P62-35, RM-P62-36; Added RM-P62-54, RM-P62-55, RM-P62-56.  Section 5.6.2—updated code sets to reflect updated HISO code set document.  Section 5.6.3—added BR-P71-19 AND BR-P71-20.  Section 5.6.4—added RM-P72-30 AND RM-P72-31.  Section 5.7.2—updated code sets to reflect updated HISO code set document.  Section 5.8.3—updated BR-P91-10 to reflect that this rule does not apply to Outcome Tool Type M1 (ADOM); added BR-P91-12, BR-P91-13, BR-P92-14, BR-P91-15, BR-P91-16, BR-P91-17, BR-P91-18, BR-P91-19, BR-P91-20, BR-P91-21, BR-P91-22.  Section 5.8.4—added RM-P92-14, RM-P92-15, RM-P92-16, RM-P92-16, RM-P92-17, RM-P92-18, RM-P92-19, RM-P92-20, RM-P92-21, RM-P92-22, RM-P92-23.  Section 5.9.2—updated code sets to reflect updated HISO code set document.  Section 5.9.5—retired Team Types 04, 06, 07, 09, 10, 13, 19, 20, 21, 22, 23; added Team Types 24 and 25; retired Activity Types T09, T25 and T26; updated activity type team type pairs to reflect the present state. | | 11 April 2012 | V2.1.2 | Removed BR-P41-19, BR-P41-20, BR-P41-21, RM-P42-44 and RM-P42-45 due to duplicate referral validation not being implemented. | | 19 March 2012 | V2.1.1 | Includes changes requested during the course of the 2012 National Collections Annual Maintenance Project (NCAMP12) including:  **Section 2.2.3**  Updated to add that “delegated DHB Shared Agencies” can obtain access to PRIMHD data.  **Section 2.2.6**  Updated to reflect the current situation of national reports available.  **Section 2.2.7**  Additional detail added to confirm the methodology for reporting of inpatient transfers to PRIMHD.  **Section 3.2.1 – Step #1**  Additional detail added to confirm the expectation for referrals with open bednight activity records to be included in extracts while the referrals remain open.  **Section 3.2.1 – Step #2**  Clarified the meaning of the timestamp in file naming structures –  “YYYYMMDD refers to the date the files were extracted”.  **Section 3.2.1 – Step #4**  Details added about acknowledgment files prefixed with “ERROR” (see also section 4.2.1).  **Section 3.2.1 – Step #5**  Updated to include expectation for correction of errors in file processing.  **Section 3.2.1 – Steps #6-8**  Step 6 referring to Web Services Interface removed. Steps 7 and 8 (renamed to steps 6 and 7) updated to include details of “PRIMHD Online”.  **Section 5**  Added reference to the PRIMHD Data Set document.  **Sections 5.3.3 and 5.3.4**  Business rules and response messages updated to ensure that Referral To, Referral End Code and Referral End Date are all be supplied when any one of the fields is supplied.  Retired: BR-P41-13, RM-P42-35, RM-P42-36  Added: BR-P41-22, RM-P42-46  Business rules and response messages updated to separate errors relating to the referral end date time being before the activity end date time, classification end date time or collection occasion end date time.  Retired: BR-P41-12, RM-P42-34  Added: BR-P41-23, RM-P42-47  Business rules and response messages added to prevent the creation of duplicate referrals.  Added: BR-P41-19, BR-P41-20, BR-P41-21, RM-P42-44, RM-P42-45  **Section 5.5.4**  RM-P62-48 – description corrected to be “Error” instead of “Warning”.  **Section 5.7.3**  Introduction of business rule BR-P81-08 – HoNOS Secure and HoNOS LD outcomes must be reported on applicable referrals on or after 1 July 2012.  **Section 7**  Removed. Full details of document revisions for previous versions can be found in v2.1 of the File Specification document. | | 15 September 2009 | V2.1 | Changes following bug fixes and enhancements to ODS. | | 1 July 2009 | V2.0 | NCAMP changes to LS code set and File Version number change. | | 1 September 2008 | V1.4 | Changes following further testing | | 1 July 2008 | V1.3 | Changes following testing. | | 31 March 2008 | V1.2 | Changes following prototyping and feedback from DHBs and Vendors | | 28 March 2008 | V1.02 | Inserted Activity Type by Team Type cross-referenced matrix into Section 5.9 Team Record and tidied-up other page break formatting through-out document | | 12 December 2007 | V1.01 | Edited version following peer review and comments from signatories. | | 11 December 2007 | V1.00 | Release Version for Sign-off | | 11 December 2007 | V0.04 | PRIMHD Team Workshop Updates - Final | | 10 December 2007 | V0.03 | Feedback from first Peer Review | | 7 December 2007 | V0.02 | Added Technical Architecture Content | | 4 December 2007 | V0.01 | Initial Draft derived from Business Rules Specification DRAFT v0.05 | |

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| Associated Documents | |  |  |  | | --- | --- | --- | | Document Name | Version | Date Signed-off | | HISO PRIMHD Data Process Standard | 2023 | May 2023 | | HISO PRIMHD Data Set | 2023 | May 2023 | | HISO PRIMHD Code Set | 2024 | May 2024 | |

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# Introduction

## Purpose

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|  | The purpose of this document is to identify the following information in the PRIMHD national collection for the intended audience below:   * Data Formats * Data Code Ranges * Global Business Rules * Validation Rules * Logical Data Model * XML Messaging Specification |

## Intended Audience

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|  | The intended audience for this document is:   * Those who use PRIMHD Data. This includes all districts, NGO, Health NZ, and Ministry of Health Mental Health Group staff. * Ministry of Health, Health NZ, and NGO business and data quality analysts involved in supporting and maintaining PRIMHD systems, collections, and data. * Districts and NGO staff or their representatives responsible for submitting PRIMHD data to Health NZ. * PMS Vendors and Middleware Software Solutions Suppliers to districts and NGO organisations who are responsible for developing or delivering the technical capability to enable districts and NGO staff or their representatives to submit PRIMHD data to Health NZ for loading into the National Collection.   A list of definitions and a glossary of terms used in this document can be found in Appendix E. |

## PRIMHD Objectives

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|  | The primary objective of PRIMHD is to provide integrated Mental Health interventions, service activities and outcomes information for decision support and monitoring of strategy and policy formation for Mental Health in New Zealand. A by-product of this will be local benefits around benchmarking and the ability to use local data for planning and service improvement.  The objectives of the project which implemented PRIMHD were to:   * merge MHINC and MH-SMART data items into a single new integrated national collection * fill the gaps identified in the current Mental Health data collections * Create an episodic view of the Mental Health data * work with the sector to create a new national standard of well-defined and accepted set of data definitions, common code sets, validation rules and business rules, including privacy, regarding information capture and use * Create the minimum data information standard that shows Mental Health services, interventions and outcomes activities from both NGO and districts perspectives. |

## National Health Information Principles

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|  | The guiding principles for national health information are:   * the need to protect patient confidentiality and privacy * the need to collect data once, as close to the source as possible, and use it as many times as required to meet different information requirements, in keeping with the purpose for which it was collected * the need for standard data definitions, classifications and coding systems * the requirement for national health data to include only that data which is used, valued and validated at the local level * the need for connectivity between health information systems to promote communication and integrity * the need to address Māori health disparities. |

## Compliance with Standards

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| Overview of Standards | All health and disability service providers, agencies and organisations, as defined in the Health Information Privacy Code 2020, accessing or providing national data are required to adhere to and comply with national information standards, definitions and guidelines. Maintaining the integrity and security of the databases and the transmission or exchange of data between health and disability service organisations is essential. This is a shared obligation of all health and disability service agencies. Information about the standards is available from <https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/#primhd-standards>. |

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| HISO and Other Standards in PRIMHD | Health Information Standards Organisation (HISO) leads the development, establishment and review of national dataset definitions, code sets, terms (such as ‘ethnicity’), and other health information standards in consultation with health sector representatives.  The HISO standards included in PRIMHD are:   |  |  | | --- | --- | | HISO | Ministry of Health. Ethnicity Data Protocols for the Health and Disability Sector. Wellington: Ministry of Health, 2017. Refer to Appendix D | | HISO | Health Practitioner Index Common Code Set. | | HISO | 10005 HPI Data Set. Wellington: Ministry of Health, 2008. | | HISO | 10006 HPI Code Set. Wellington: Ministry of Health, 2008. | | HISO | 10011 RSD Business Process. Wellington: Ministry of Health | | HISO | 10023.1 PRIMHD Data Process. Wellington: Health NZ, 2023 | | HISO | 10023.2 PRIMHD Data Set. Wellington: Health NZ, 2023 | | HISO | 10023.3 PRIMHD Code Set. Wellington: Health NZ, 2024 |   Other standards included in PRIMHD are:   |  |  | | --- | --- | | AS/NZS 7799.2 | Information security management. Part 2: Specification for information security management systems. (This Standard was redesignated from AS/NZS 4444.2:2000.) | | ISO/IEC 17799 | Information Technology—Code of practice for information security management. (This Standard supersedes AS/NZS 4444.1:1999.) | | ISO/IEC 11179 | ISO Standard 11179-3 Information technology – specification and standardization of data elements. Part 3: Basic attributes of data elements, 1994. | | HL7 V2.4 | Health Level Seven Standard Version 2.4. Ann Arbor: Health Level Seven Inc., 2001. | | ISO 8601 | In order to comply with BSI DISC PD2000-1 1998, which the Ministry of Health has adopted as the required metric for Y2K compliance, all dates submitted in these files must conform to ISO 8601 (CCYYMMDD). | |

## Connection to National Systems

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|  | Given the requirement for nationally consistent data, health and disability service providers are required to use the national systems, standards and protocols where reasonable. For this reason health and disability agencies and service providers are encouraged to connect directly to the national systems (e.g. The NHI).  Direct access provides:   * secure communication protocols that meet the privacy requirements * improved timeliness of data reporting for monitoring purposes * reduced costs for processing and transmitting data supplied to the national systems. |

## Authority for Collection of Health Information

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|  | The Ministry of Health’s mandate (now extended to Health NZ) to collect health information is set out in legislation—in particular—in Section 22 of the Health Act 1956, Section 139A of the Hospitals Act 1957, the Cancer Registry Act 1993, and the Health Practitioners’ Competence Assurance Act, 2003.  The collection, storage and use of health information is also governed by the Privacy Act 2020, the Health Information Privacy Code 2020, and the Accident Insurance Act 1998. |

## Contacts

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|  | If you have any queries concerning this PRIMHD File Specification, please contact Health NZ via the following customers’ services channels.  Email: [primhduserinterface@health.govt.nz](mailto:primhduserinterface@health.govt.nz)  Web: <https://www.tewhatuora.govt.nz/> |

# National Data Warehouse & PRIMHD Collection

## Scope

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| Purpose | The National Data Warehouse was established to collect and store data logically to use for dissemination, enabling Health NZ Information Analysts, and other Sector Stakeholders to carry out reporting and ad hoc queries of the monthly information submitted by districts and NGO providers to Health NZ.  PRIMHD is a high-level national collection within the national data warehouse that:   * allows Health NZ and districts to interrogate and report data to monitor the implementation of the national mental health strategy and policy * provides data extracts and reports for research into the provision of mental health services * allows data providers to compare and report their submitted data against national averages and trends. |

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| Content | PRIMHD provides an integrated collection of service and outcome information for healthcare users within the mental health service.  The MHINC/MH-SMART feasibility project examined the issues that surrounded the integration of two quite different data collections. The sector recognised the value of the MHINC data collection; however, it was also felt that with the introduction of MH-SMART there was an opportunity to address some of the underlying actual and perceived issues with MHINC. The sector recognised the difficulties that would be created, and the associated costs of having two distinct national collections that it was recommended that a single national collection be established, hence the creation of the PRIMHD project.  PRIMHD contains information on the provision of secondary mental health and alcohol and drug services purchased by the Mental Health Group and Districts. This includes secondary inpatient, outpatient and community services provided by hospitals and non-government organisations (NGOs).The information stored includes details of referrals into and discharges from, services provided, outcome collection information, as well as all service activity, provider teams, legal status, diagnosis and issues classifications and also demographic information (such as sex, date of birth, ethnicity).  The collection does not currently include information on primary mental health services, for example, from GPs and PHOs. |

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| Start Date | The start date for PRIMHD was 1 July 2008. |

## Utilisation

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| Guide for Use | Any data to be included in the system will have to be provided in the format specified in this document.  PRIMHD is dependent upon the quality of the information in the District and NGO providers' systems and their PMS vendors’ compliance with National Information Standards. |

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| Frequency of Updates | PRIMHD data is reported to Health NZ (previously to the Ministry of Health) on a monthly basis by the 20th day of the following month (for example, January 2009 data would be required by 20 February 2009). Providers may submit data more frequently as appropriate. |

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| Security of Data | PRIMHD is only accessed by authorised Health NZ and Ministry of Health staff for maintenance, data quality, analytical and audit purposes.  Authorised members of the Ministry of Health’s Mental Health Group have access to the data for analytical purposes via the Business Intelligence reporting tools and the secure Health Information Network.  Districts, NGO providers and delegated Shared Agencies can also obtain access to their own submitted data through the use of the Business Intelligence reporting tools and the secure Health Information Network. |

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| Privacy Issues | Health NZ is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 2020 and the Health Information Privacy Code 2020.  Information available to the general public is of a statistical and non-identifiable nature.  Researchers requiring identifiable data will need approval from an Ethics Committee. |

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| Data Provision | Customised datasets or summary reports are available on request, either electronically or on paper. Staff from Health NZ Data Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.  Data Services team also offers a peer review service to ensure that Health data is reported appropriately when published by other organisations.  There may be charges associated with data extracts. |

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| National Reports and Publications | Health NZ has developed a set of standard reports using PRIMHD data and these are available via Qlik. The annual Mental Health publications will be populated with information sourced from PRIMHD. |

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| Collection Methods | All hospitals and NGOs that receive government mental health and alcohol and other drug funding are contractually required to send timely, accurate and complete data to PRIMHD, including:   * publicly funded hospitals * specialist inpatient mental health facilities * community mental health services * alcohol and other drug services * residential and supported accommodation services.   ***Note:*** *Since some psychogeriatric services are funded by the Disability Services Directorate rather than the Mental Health Directorate, not all Districts report psychogeriatric information.*  It is the responsibility of healthcare providers to ensure timely collection of data at each site. Data sent to Health NZ is expected to reflect all activities occurring for all patients during the previous month’s start and end dates. When clients are transferred between inpatient units within an organisation a new referral should be opened against the team the client is transferred into to show that there has been a transfer of care. |

# PRIMHD File Processing

## PRIMHD File Processing Overview

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|  | *The above diagram is a conceptual representation only and the numbers in this processing overview diagram are explained in the step/action table in section 3.2.1 Processing Steps below.* |

## PRIMHD XML File Extract Processing Steps

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| Processing Steps | The PRIMHD XML file extract processing steps are described below.   |  |  | | --- | --- | | **Step** | **Processing Action** | | 1 | **Extract:**  PRIMHD data extracts must be sent to Health NZ at least once a month. Data for each month must be sent by the 20th of the following month at the latest. Data can be sent in one monthly extract or in multiple extracts if required.  The extracts should include all Referral and Legal Status XML files where associated data has been added, changed or deleted since the previous extract. These open Referrals need to include ALL child (Activity, Classification, Collection Occasion, and Supplementary Consumer) records every time they are sent. Referrals with an open bed night activity record (i.e. Activity Record Type defined as occupied bed days or leave) should also be included in all extracts while the referral remains open. The system can handle re-sending of the same information if the extract periods overlap due to system or operational constraints but it is preferable that this be kept to a minimum.  Closed referrals that have been sent to Health NZ and successfully loaded into PRIMHD and for which there are no changes should not be sent to PRIMHD again.  The data extracted from the local systems is to be packaged as XML files. PRIMHD data is all related to either a Referral or a Legal Status. The extracted data will form part of either a Referral XML file or a Legal Status XML file. If there is any change at all to the data associated with any Referral or a person’s Legal Status then the complete record of that Referral or Legal Status must be sent even though much of the data may have been sent previously.  The data for each Referral or Legal Status will create an individual XML file. This can be validated against the XML Schema provided by Health NZ. Organisations may choose to develop their own XML Schemas to do additional validations. The extent of these additional validations and the funding and maintenance involved would be the responsibility of that organisation.  Where time fields are not able to be captured by patient management systems the following rules may be applied to the extract to meet the requirement to report date/time fields:   * All End Date/Time Fields should be defaulted to 23:59:59 * All other Date/Time Fields should be defaulted to 00:00:00 | |

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| Processing Steps (Continued) | |  |  | | --- | --- | | **Step** | **Processing Action** | | 2 | **Send:**  An extract run will create a (potentially large) number of XML files. There will be one XML file for each Referral and one for each Legal Status. The XML files will have the following filename structure where YYYYMMDD refers to the date the files were extracted:  RYYYYMMDD\_Org\_ID\_Referral\_ID.XML  LYYYYMMDD\_Org\_ID\_Legal\_Status\_ID.XML  These should be zipped up together into a single zip file. The zip file name for a PRIMHD extract file should use the following structure where YYYYMMDD refers to the date the files were extracted:  PEYYYYMMDD\_Submitting\_Org\_ID\_nnn.Zip  For the initial PRIMHD rollout the existing FTP system will be used for sending the zipped files to Health NZ and receiving the similarly zipped Acknowledgement files in response.  Note: nnn denotes a sequential number to allow for multiple extracts to occur on the same day. For the first extract of the day this should be 001 for the second 002 and so on. | | 3 | **Receive and Process:**  When the files are received by Health NZ they will be fully validated by the PRIMHD Operational Data Control System.  Where error or warning conditions are found during processing an “Error” XML file will be created and written to the ODS.  Valid files will be inserted into the ODS.  The latest valid XML document received for a Referral or Legal Status will become the current active data.  The system will compare the latest document with the previous one and store the differences in a separate XML document. These “difference” XMLs will form a change journal, which serves several purposes:   * to provide an audit point of actual changes taking place for operational control * to provide part of the Acknowledgement file confirming back to the inputting organisation what the net effect has been on the PRIMHD data collection, i.e. what data has been added, changed or deleted * to provide a change journal to enable incremental changes to the Data Mart as an alternative to a full refresh which can be done using the latest set of full XML files. | | 4 | **Acknowledgement:**  An XML Acknowledgement file will be created for each received XML file, incorporating any differences, errors and warnings.  The Acknowledgement files will be zipped and returned via the FTP system to the originating organisation.  The zip file name for an Acknowledgement file will use the following structure:  AKPEYYYYMMDD\_Submitting\_Org\_ID\_nnn.ZIP  Acknowledgements for files that have been accepted will be prefixed with an ‘A’, whilst Acknowledgements for files that have been rejected will be prefixed with an ‘R’. Occasionally the prefix “ERROR” will be applied to the acknowledgement files. See Section 4.2.1 for further details. | | 5 | **Acknowledgement Reconciliation:**  On receipt of Acknowledgement files, the inputting organisation should validate that the extracted items have all been acknowledged and processed correctly. Errors should be corrected and the associated XML files resubmitted in the next extract. Data in XML files that error does not get loaded in PRIMHD, therefore it is important that these files are resubmitted. | |

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| Processing Steps (Continued) | |  |  | | --- | --- | | **Step** | **Processing Action** | | 6 | **Health NZ:**  The PRIMHD Online user interface is provided for Health NZ personnel to manage the collection and data quality as required. | | 7 | **NGO Direct Input:**  The PRIMHD Online user interface is provided for the smaller NGOs, which do not have their own capture systems, to input PRIMHD data directly to Health NZ ODS. | |

## PRIMHD File and Transaction Types

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| XML File Types | There are three file types making up the PRIMHD extract. These are:   * 1. Referral/Discharge   2. Legal Status   3. Team Details. |

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| Transaction Types | The PRIMHD ODS uses an insert-only model. When a Referral extract is received it is validated, acknowledged and inserted into the ODS with the current timestamp. This version of the Referral now becomes the ‘current’ version. Any previous versions are not altered, they are just no longer current. This means that all the data for that Referral, including all child Activity, Classification and Collection Occasion records must be sent each time.  The ODS receives the current state of the data rather than the inserts, updates and deletes of individual data items that occur to get to that state. This has advantages in maintaining a reliable view of the data and minimising the impact of operational and system errors.  These statements about Referral also apply to Legal Status and Team Details.  The XML Schemata for the Referral Discharge and Legal Status include an optional DELETED\_FLAG element in the root segment. The effect of the presence or absence of the DELETED\_FLAG on PRIMHD is outlined in the following table.  Note: In the case of the DELETED\_FLAG being populated, the compulsory data elements for the root element of the Referral or Legal Status should be included. The child elements (Activities, Collection Occasions, etc, do not need to be included). The Business Rules and Response Messages in bold in Section 5 identify the validation that will take place on delete records.   |  |  |  | | --- | --- | --- | | **Code** | **Function** | **Effect** | | **No** DELETED\_FLAG Element present | Insert as current version (effectively an Add/Replace) | The Referral/Legal Status/Team is inserted as the current version.  If this Referral/Legal Status/Team already existed in the ODS this is equivalent to replacing it with the new data submitted by the District/NGO.  If this is the first time this Referral/Legal Status/Team has been submitted it is equivalent to creating a new Referral/Legal Status/Team. | | DELETED\_FLAG present with value “DELETED” | Mark as Deleted  (Logical Delete) | Marks the existing Referral Record and ALL its child Activity, Classification, Collection Occasion, Supplementary Consumer Records and NHI records in PRIMHD as deleted.  When deleting a referral if there are no other Referral Records in the patient file then the whole patient file, including any Legal Status and the derived Healthcare User Records must also be marked as deleted. | |

# PRIMHD File Structure & Data Relationships

## PRIMHD File Structure

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| XML Message Structure/ Format | The following sections detail the structure and the entity types defined in the XML schema documents for the PRIMHD extract files.  The schema documents for the REFERRAL\_DISCHARGE, LEGAL\_STATUS and TEAM\_DETAILS extract files are included in Appendix A.  The schema documents define the expected format and structure of the extract files. There are some data-type restrictions defined in the schemata but these are not exhaustive.  Section 5 defines the domains and detailed formats of the data values expected and the business validation rules around them.  The following sections include diagrams and XML fragments to illustrate the structure of the files.  The complete schema definitions are downloadable from the PRIMHD website.  Note: The PROCESSING\_PARAMETER repeating group that appears in the REFERRAL\_DISCHARGE and LEGAL\_STATUS segments is there to be able to control routing of the message for testing purposes. For normal production use this segment is not required. Any values required for testing will be defined and communicated as required. For example: The PROCESSING\_PARAMETER\_NAME value may be “TestEnvironment” and the PROCESSING\_PARAMETER\_TYPE value “ComplianceTest”. |

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| REFERRAL\_ DISCHARGE XML Entity Structure (ROOT ENTITY) |  |

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| REFERRAL\_ DISCHARGE XML Instance Representation | <REFERRAL\_DISCHARGE>  <FILE\_VERSION> FILE\_VERSIONType </FILE\_VERSION> [1]  <REFERRAL\_ID> ID\_20\_Type </REFERRAL\_ID> [1]  <SUBMITTING\_ORG\_ID> ORGANISATION\_IDType </SUBMITTING\_ORG\_ID> [0..1]  <ORGANISATION\_ID> ORGANISATION\_IDType </ORGANISATION\_ID> [1]  <EXTRACT\_FROM\_DATE\_TIME> xs:dateTime </EXTRACT\_FROM\_DATE\_TIME> [1]  <EXTRACTED\_DATE\_TIME> xs:dateTime </EXTRACTED\_DATE\_TIME> [1]  <DELETED\_FLAG> xs:string </DELETED\_FLAG> [0..1]  <TEAM\_CODE> TEAM\_CODEType </TEAM\_CODE> [1]  <EVENT\_HCU\_ID> NHIType </EVENT\_HCU\_ID> [1]  <SEX> SEXType </SEX> [1]  <DATE\_OF\_BIRTH> xs:date </DATE\_OF\_BIRTH> [1]  <REFERRAL\_FROM> REFERRALType </REFERRAL\_FROM> [1]  <REFERRAL\_TO> REFERRALType </REFERRAL\_TO> [0..1]  <REFERRAL\_END\_CODE> REFERRAL\_END\_CODEType </REFERRAL\_END\_CODE> [0..1]  <START\_DATE\_TIME> xs:dateTime </START\_DATE\_TIME> [1]  <END\_DATE\_TIME> xs:dateTime </END\_DATE\_TIME> [0..1]  <COLLECTION\_OCCASION> COLLECTION\_OCCASIONType </COLLECTION\_OCCASION> [0..\*]  <ACTIVITY> ACTIVITYType </ACTIVITY> [0..\*]  <CLASSIFICATION> CLASSIFICATIONType </CLASSIFICATION> [0..\*]  <SUPPLEMENTARY\_CONSUMER\_RECORD> SUPPLEMENTARY\_CONSUMER\_RECORDType </SUPPLEMENTARY\_CONSUMER\_RECORD>  <PROCESSING\_PARAMETER> PROCESSING\_PARAMETERType </PROCESSING\_PARAMETER> [0..\*]  </REFERRAL\_DISCHARGE> |

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| COLLECTION\_OCCASION XML Entity Structure |  |

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| COLLECTION\_OCCASION XML Instance Representation | <COLLECTION\_OCCASION>  <COLLECTION\_OCCASION\_ID> ID\_20\_Type </COLLECTION\_OCCASION\_ID> [1]  <REASON\_FOR\_COLLECTION> REASON\_FOR\_COLLECTIONType </REASON\_FOR\_COLLECTION> [1]  <COLLECTION\_OCCASION\_DATE> xs:dateTime </COLLECTION\_OCCASION\_DATE> [1]  <HEALTHCARE\_WORKER\_CPN> HEALTHCARE\_WORKER\_CPNType </HEALTHCARE\_WORKER\_CPN> [0..1]  <OUTCOME\_EPISODE\_ID> OUTCOME\_EPISODE\_IDType </OUTCOME\_EPISODE\_ID> [0..1]  <PROTOCOL\_VERSION> PROTOCOL\_VERSIONType </PROTOCOL\_VERSION> [0..1]  <FOCUS\_OF\_CARE> FOCUS\_OF\_CAREType </FOCUS\_OF\_CARE> [1]  <OUTCOME\_TOOL> OUTCOME\_TOOLType </OUTCOME\_TOOL> [0..1]  <;COLLECTION\_OCCASION> |

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| ACTIVITY XML Entity Structure |  |

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| ACTIVITY XML Instance Representation | <ACTIVITY>  <ACTIVITY\_ID> ID\_20\_Type </ACTIVITY\_ID> [1]  <ACTIVITY\_TYPE> ACTIVITY\_TYPEType </ACTIVITY\_TYPE> [1]  <ACTIVITY\_SETTING> ACTIVITY\_SETTINGType </ACTIVITY\_SETTING> [1]  <FAMILY\_WHANAU\_INVOLVEMENT>FAMILY\_WHANAU\_INVOLVEMENTtype</FAMILY\_WHANAU\_INVOLVEMENT> [0..1]  <HEALTHCARE\_WORKER\_CPN> xs:string </HEALTHCARE\_WORKER\_CPN> [0..1]  <START\_DATE\_TIME> xs:dateTime </START\_DATE\_TIME> [1]  <END\_DATE\_TIME> xs:dateTime </END\_DATE\_TIME> [0..1]  </ ACTIVITY> |

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| CLASSIFICATION XML Entity Structure |  |

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| CLASSIFICATION XML Instance Representation | <CLASSIFICATION>  <CLASSIFICATION\_CODE\_ID> ID\_20\_Type </CLASSIFICATION\_CODE\_ID> [1]  <CLINICAL\_CODING\_SYSTEM\_ID> CLINICAL\_CODING\_SYSTEM\_IDType </CLINICAL\_CODING\_SYSTEM\_ID> [1]  <DIAGNOSIS\_TYPE> AlphaNum\_1\_Type </DIAGNOSIS\_TYPE> [1]  <CLINICAL\_CODE\_VALUE> CLINICAL\_CODE\_VALUEType </CLINICAL\_CODE\_VALUE> [1]  <START\_DATE\_TIME> xs:dateTime </START\_DATE\_TIME> [1]  <END\_DATE\_TIME> xs:dateTime </END\_DATE\_TIME> [0..1]  </ CLASSIFICATION> |

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| OUTCOME\_ TOOL XML Entity Structure |  |

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| OUTCOME\_ TOOL XML Instance Representation | <OUTCOME\_TOOL>  <OUTCOME\_TOOL\_TYPE\_VERSION> OUTCOME\_TOOL\_TYPE\_VERSIONType </OUTCOME\_TOOL\_TYPE\_VERSION> [1]  <MODE\_OF\_ADMINISTRATION> MODE\_OF\_ADMINISTRATIONType </MODE\_OF\_ADMINISTRATION> [1]  <COLLECTION\_STATUS> COLLECTION\_STATUSType </COLLECTION\_STATUS> [1]  <COMPLETION\_DATE> xs:dateTime </COMPLETION\_DATE> [1]  <OUTCOME\_ITEM> OUTCOME\_ITEMType </OUTCOME\_ITEM> [0..\*]  </ OUTCOME\_TOOL> |

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| OUTCOME\_ ITEM XML Entity Structure |  |

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| OUTCOME\_ TOOL XML Instance Representation | <OUTCOME\_ITEM>  <OUTCOME\_ITEM\_CODE> [OUTCOME\_ITEM\_CODEType](#type_OUTCOME_ITEM_CODEType)  </OUTCOME\_ITEM\_CODE> [1]  <OUTCOME\_ITEM\_VALUE> [OUTCOME\_ITEM\_VALUEType](#type_OUTCOME_ITEM_VALUEType)  </OUTCOME\_ITEM\_VALUE> [1]  </OUTCOME\_ITEM> |

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| SUPPLEMENTARY\_CONSUMER\_RECORD XML Entity Structure |  |

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| SUPPLEMENTARY CONSUMER RECORD XML Instance Representation | <SUPPLEMENTARY\_CONSUMER\_RECORD>  <SUPPLEMENTARY\_CONSUMER\_RECORD\_ID> ID\_20\_Type </SUPPLEMENTARY\_CONSUMER\_RECORD\_ID> [1]  <COLLECTION\_DATE> xs:date </COLLECTION\_DATE> [1]  <WELLNESS\_PLAN> WELLNESS\_PLANType </WELLNESS\_PLAN> [1]  <ACCOMMODATION> ACCOMMODATIONType</ACCOMMODATION> [1]  <EMPLOYMENT\_STATUS> EMPLOYMENT\_STATUSType</EMPLOYMENT\_STATUS> [1] <EDUCATION\_STATUS> EDUCATION\_STATUSType</EDUCATION\_STATUS> [1]  </SUPPLEMENTARY\_CONSUMER\_RECORD> |

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| PROCESSING\_ PARAMETER XML Entity Structure |  |

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| PROCESSING\_ PARAMETER XML Instance Representation | <PROCESSING\_PARAMETER>  <PROCESSING\_PARAMETER\_NAME> [xs](#ns_xs):string  </PROCESSING\_PARAMETER\_NAME> [1]  <PROCESSING\_PARAMETER\_VALUE> [xs](#ns_xs):string  </PROCESSING\_PARAMETER\_VALUE> [1]  </ PROCESSING\_PARAMETER> |

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| LEGAL\_STATUS XML Entity Structure (ROOT ENTITY) |  |

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| --- | --- |
| LEGAL\_STATUS XML Instance Representation | <LEGAL\_STATUS>  <FILE\_VERSION> FILE\_VERSIONType </FILE\_VERSION> [1]  <LEGAL\_STATUS\_ID> ID\_20\_Type </LEGAL\_STATUS\_ID> [1]  <SUBMITTING\_ORG\_ID> ORGANISATION\_IDType </SUBMITTING\_ORG\_ID> [0..1]  <ORGANISATION\_ID> ORGANISATION\_IDType </ORGANISATION\_ID> [1]  <EXTRACT\_FROM\_DATE\_TIME> xs:dateTime </EXTRACT\_FROM\_DATE\_TIME> [1]  <EXTRACTED\_DATE\_TIME> xs:dateTime </EXTRACTED\_DATE\_TIME> [1]  <DELETED\_FLAG> xs:string </DELETED\_FLAG> [0..1]  <ORGANISATION\_TYPE> AlphaNum\_3\_Type </ORGANISATION\_TYPE> [1]  <EVENT\_HCU\_ID> NHIType </EVENT\_HCU\_ID> [1]  <SEX> SEXType </SEX> [1]  <DATE\_OF\_BIRTH> xs:date </DATE\_OF\_BIRTH> [1]  <LEGAL\_STATUS\_CODE> AlphaNum\_2\_Type </LEGAL\_STATUS\_CODE> [1]  <RESPONSIBLE\_CLINICIAN\_CPN> RESPONSIBLE\_CLINICIAN\_CPNType </RESPONSIBLE\_CLINICIAN\_CPN> [0..1]  <START\_DATE\_TIME> xs:dateTime </START\_DATE\_TIME> [1]  <END\_DATE\_TIME> xs:dateTime </END\_DATE\_TIME> [0..1]  <PROCESSING\_PARAMETER> PROCESSING\_PARAMETERType </PROCESSING\_PARAMETER> [0..\*]  </LEGAL\_STATUS> |

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| TEAM\_DETAILS XML Entity Structure (ROOT ENTITY) |  |

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| TEAM\_DETAILS XML Instance Representation | <TEAM\_DETAILS>  <FILE\_VERSION> FILE\_VERSIONType </FILE\_VERSION> [1]  <SUBMITTING\_ORG\_ID> ORGANISATION\_IDType </SUBMITTING\_ORG\_ID> [0..1]  <ORGANISATION\_ID> ORGANISATION\_IDType </ORGANISATION\_ID> [1]  <TEAM\_CODE> TEAM\_CODEType </TEAM\_CODE> [1]  <TEAM\_NAME> xs:string </TEAM\_NAME> [1]  <TEAM\_TYPE> AlphaNum\_4\_Type </TEAM\_TYPE> [1]  <TEAM\_SETTING> AlphaNum\_1\_Type </TEAM\_SETTING> [1]  <TEAM\_SERVICE\_TYPE> AlphaNum\_2\_Type </TEAM\_SERVICE\_TYPE> [1]  <TEAM\_TARGET\_POPULATION> AlphaNum\_1\_Type </TEAM\_TARGET\_POPULATION> [1]  <FACILITY\_ID> xs:string </FACILITY\_ID> [1]  <TEAM\_OPEN\_DATE> xs:date </TEAM\_OPEN\_DATE> [1]  <TEAM\_CLOSE\_DATE> xs:date </TEAM\_CLOSE\_DATE> [0..1]  <COMMENTS> xs:string </COMMENTS> [0..1]  <CONTRACT\_ID> CONTRACT\_IDType </CONTRACT\_ID> [0..1]  <PROVIDER\_ID> PROVIDER\_IDType </PROVIDER\_ID> [0..1]  </TEAM\_DETAILS> |

## PRIMHD Acknowledgment File Structure

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Acknowledgement File Detail | An XML Acknowledgement file will be created for each received XML file, incorporating any differences, errors and warnings.  The Acknowledgement files will be zipped and returned via the SFTP system to the submitting organisation.  The zip file name for an Acknowledgement file will use the following structure:  AKPEYYYYMMDD\_Submitting\_Org\_ID\_nnn.ZIP  The file name for each XML file within the Acknowledgement zip file will be the name of the corresponding submitted XML prefixed with an A for accepted or an R for rejected.  The Acknowledgement for a Referral or Legal Status has the following basic format:  <PRIMHD\_ACK>     <DOCUMENT\_TYPE>REFERRAL</DOCUMENT\_TYPE>     <DOCUMENT\_IDENTIFIER>R20080703\_G00013-C\_R10110.xml</DOCUMENT\_IDENTIFIER>     <STATUS>ACCEPTED</STATUS>     <NUM\_ERRORS>0</NUM\_ERRORS>     <NUM\_WARNINGS>1</NUM\_WARNINGS>     <TIME\_STAMP>2008-11-27T23:25:02</TIME\_STAMP>     <ERROR\_AND\_WARNING\_DETAILS>         …  …     </ERROR\_AND\_WARNING\_DETAILS>     <DIFFERENCES>         …  …  </DIFFERENCES> </PRIMHD\_ACK>  Explanation of tags and values:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Tag Name** | **Mandatory** | **Type** | **Content** | **Domain of Values** | **Format** | | DOCUMENT\_TYPE | Y | String | The type of document | REFERRAL  LEGAL STATUS |  | | DOCUMENT\_IDENTIFIER | Y | String | Name of the submitted document | Any filename |  | | STATUS | Y | String | Status of the document | ACCEPTED  REJECTED |  | | NUM\_ERRORS | Y | Integer | Number of errors produced processing the file | Integer >= 0 |  | | NUM\_WARNINGS | Y |  | Number of warnings produced processing the file | Integer >= 0 |  | | TIME\_STAMP | Y |  | Time of processing | Timestamp | YYYY-MM-DDTHH:MM:SS | | ERROR\_AND\_WARNING\_DETAILS | N | XML | Explanation below |  |  | | DIFFERENCES | N | XML | Explanation below |  |  |   The order of the fields are as shown in the model above.  An acknowledgement file with a filename beginning with the prefix ‘ERROR\_’ is produced for any PRIMHD input files containing invalid XML. Such input files cannot be parsed because they violate the World Wide Web Consortium’s XML Specification ([www.w3.org/XML/](http://www.w3.org/XML/)). The ERROR file will have the same elements and structure as above, with a SYSTEM\_ERROR element enclosed within the ERROR\_AND\_WARNING\_DETAILS node with the following text content: “A system error occurred while processing this document in the PRIMHD ODS. Please report this error to MOH. The DocumentId for the processing is XXXXXXX. The document did not appear to be well formed XML. May have been empty.” |

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| Explanation of Error and Warning Details Segment | If there are no errors or warnings produced in processing, this element will be empty or absent.  If there are errors or warnings produced, the content will be a subset of the original submitted document with ERROR or WARNING segments inserted where the error or warning was detected.  Here is an example of the ERROR\_AND\_WARNING\_DETAILS segment for a REFERRAL\_DISCHARGE message with one warning:  …  <ERROR\_AND\_WARNING\_DETAILS>         <REFERRAL\_DISCHARGE>             <WARNING>                 <WARNING\_REF>RM-P62-38</WARNING\_REF>                 <WARNING\_TITLE>Warning - Missing Record</WARNING\_TITLE>                 <WARNING\_MESSAGE>A Referral End Date has been supplied, but a Type A Diagnosis has not been received for this referral.</WARNING\_MESSAGE>             </WARNING>             <FILE\_VERSION>1.0</FILE\_VERSION>             <REFERRAL\_ID>R10110</REFERRAL\_ID>             <SUBMITTING\_ORG\_ID>G00013-C</SUBMITTING\_ORG\_ID>             <ORGANISATION\_ID>G00013-C</ORGANISATION\_ID>             <EXTRACT\_FROM\_DATE\_TIME>2008-05-08T12:42:20</EXTRACT\_FROM\_DATE\_TIME>             <EXTRACTED\_DATE\_TIME>2008-05-10T12:42:20</EXTRACTED\_DATE\_TIME>             <TEAM\_CODE>6120</TEAM\_CODE>             <EVENT\_HCU\_ID>ABC1234</EVENT\_HCU\_ID>             <SEX>F</SEX>             <DATE\_OF\_BIRTH>1976-05-30</DATE\_OF\_BIRTH>             <REFERRAL\_FROM>OT</REFERRAL\_FROM>             <REFERRAL\_TO>OT</REFERRAL\_TO>             <REFERRAL\_END\_CODE>DW</REFERRAL\_END\_CODE>             <START\_DATE\_TIME>2008-06-01T00:00:00</START\_DATE\_TIME>             <END\_DATE\_TIME>2008-09-08T23:59:59</END\_DATE\_TIME>         </REFERRAL\_DISCHARGE>     </ERROR\_AND\_WARNING\_DETAILS>   … |

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| 4.2.2 Explanation of Error and Warning Details Segment (Continued) | Here is a complete example of a LEGAL\_STATUS document acknowledgement with one error.  <?xml version="1.0" encoding="UTF-8"?> <PRIMHD\_ACK>     <DOCUMENT\_TYPE>LEGAL\_STATUS</DOCUMENT\_TYPE>     <DOCUMENT\_IDENTIFIER>L20081022\_G00033-J\_HRA1926SM20080703.xml</DOCUMENT\_IDENTIFIER>     <STATUS>REJECTED</STATUS>     <NUM\_ERRORS>1</NUM\_ERRORS>     <NUM\_WARNINGS>0</NUM\_WARNINGS>     <TIME\_STAMP>2008-11-07T10:25:05</TIME\_STAMP>     <ERROR\_AND\_WARNING\_DETAILS>         <LEGAL\_STATUS>             <ERROR>                 <ERROR\_REF>RM-P22-08</ERROR\_REF>                 <ERROR\_TITLE>Error - Invalid Data</ERROR\_TITLE>                 <ERROR\_MESSAGE>The Date of Birth in the HC Record does not match the Date of Birth in the NHI Database for the Event HCU ID.</ERROR\_MESSAGE>             </ERROR>             <FILE\_VERSION>1.0</FILE\_VERSION>             <LEGAL\_STATUS\_ID>HRA1926SM20080703</LEGAL\_STATUS\_ID>             <ORGANISATION\_ID>G00033-J</ORGANISATION\_ID>             <EXTRACT\_FROM\_DATE\_TIME>2008-07-01T00:00:00</EXTRACT\_FROM\_DATE\_TIME>             <EXTRACTED\_DATE\_TIME>2008-10-22T09:52:08</EXTRACTED\_DATE\_TIME>             <EVENT\_HCU\_ID>ABC1234</EVENT\_HCU\_ID>             <SEX>M</SEX>             <DATE\_OF\_BIRTH>1963-07-07</DATE\_OF\_BIRTH>             <LEGAL\_STATUS\_CODE>SM</LEGAL\_STATUS\_CODE>             <RESPONSIBLE\_CLINICIAN\_CPN>18AJBH</RESPONSIBLE\_CLINICIAN\_CPN>             <START\_DATE\_TIME>2008-07-03T00:00:00</START\_DATE\_TIME>             <END\_DATE\_TIME>2008-07-08T23:59:59</END\_DATE\_TIME>         </LEGAL\_STATUS>     </ERROR\_AND\_WARNING\_DETAILS> </PRIMHD\_ACK>  A WARNING of ERROR segment is added to the complex element that it was produced on. Hence they can be within the following elements:  For Referrals:  REFERRAL\_DISCHARGE  ACTIVITY  COLLECTION\_OCCASION  OUTCOME\_TOOL  OUTCOME\_ITEM  CLASSIFICATION  SUPPLEMENTARY\_CONSUMER\_RECORD  For Legal Status:  LEGAL\_STATUS  *NOTE: If an Activity, Collection Occasion, Classification of Supplementary Consumer Record does not have an error or warning it will not be included in the error and warning details. Only those elements with at least one error or warning somewhere in their sub-tree are included.* |

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| 4.2.2 Explanation of Error and Warning Details Segment (Continued) | Format of a WARNING element:  …  <WARNING>                 <WARNING\_REF>RM-P62-38</WARNING\_REF>                 <WARNING\_TITLE>Warning - Missing Record</WARNING\_TITLE>                 <WARNING\_MESSAGE>A Referral End Date has been supplied, but a Type A Diagnosis has not been received for this referral.</WARNING\_MESSAGE>             </WARNING>  …  Explanation of tags and values:   |  |  |  |  | | --- | --- | --- | --- | | **Tag Name** | **Mandatory?** | **Type** | **Content** | | WARNING\_REF | Y | String | Reference specified in the PRIMHD file spec | | WARNING\_TITLE | Y | String | Title specified in the PRIMHD file spec | | WARNING\_MESSAGE | Y | String | Message specified in the PRIMHD file spec |   Format of an ERROR element:  ..  <ERROR>                     <ERROR\_REF>RM-P62-46</ERROR\_REF>                     <ERROR\_TITLE>Error - Invalid Data</ERROR\_TITLE>                     <ERROR\_MESSAGE>There is an invalid combination of Clinical Coding System ID, Clinical Code Value and Diagnosis Type in the CN record.</ERROR\_MESSAGE>  </ERROR>  …  Explanation of tags and values:   |  |  |  |  | | --- | --- | --- | --- | | **Tag Name** | **Mandatory?** | **Type** | **Content** | | ERROR\_REF | Y | String | Reference specified in the PRIMHD file spec | | ERROR\_TITLE | Y | String | Title specified in the PRIMHD file spec | | ERROR\_MESSAGE | Y | String | Message specified in the PRIMHD file spec |   *NOTE: The acknowledgement sent back contains a subset of the XML that was submitted. If a wrongly spelt tag was submitted for example, that tag will be returned in the acknowledgement along with an appropriate error message.* |

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| Explanation of DIFFERENCES Segment | The DIFFERENCES segment is included to show the changes that the submitted XML document made in the copy of the data stored at Health NZ. This information may be used for trouble shooting or checking purposes. It is valuable from an audit and compliance perspective.  In the example Referral below, a new activity was added to an existing referral (CHANGE\_FLAG="I"). There were no changes to the information in the simple elements directly under the REFERRAL\_DISCHARGE element (CHANGE\_FLAG="N").  An explanation of these change codes is included below.  ..  <DIFFERENCES>         <REFERRAL\_DISCHARGE CHANGE\_FLAG="N">             <FILE\_VERSION>1.0</FILE\_VERSION>             <REFERRAL\_ID>R10110</REFERRAL\_ID>             <SUBMITTING\_ORG\_ID>G00013-C</SUBMITTING\_ORG\_ID>             <ORGANISATION\_ID>G00013-C</ORGANISATION\_ID>             <EXTRACT\_FROM\_DATE\_TIME>2008-05-08T12:42:20</EXTRACT\_FROM\_DATE\_TIME>             <EXTRACTED\_DATE\_TIME>2008-05-10T12:42:20</EXTRACTED\_DATE\_TIME>             <TEAM\_CODE>6120</TEAM\_CODE>             <EVENT\_HCU\_ID>ABC1234</EVENT\_HCU\_ID>             <SEX>F</SEX>             <DATE\_OF\_BIRTH>1976-05-30</DATE\_OF\_BIRTH>             <REFERRAL\_FROM>OT</REFERRAL\_FROM>             <REFERRAL\_TO>OT</REFERRAL\_TO>             <REFERRAL\_END\_CODE>DW</REFERRAL\_END\_CODE>             <START\_DATE\_TIME>2008-06-01T00:00:00</START\_DATE\_TIME>             <END\_DATE\_TIME>2008-09-08T23:59:59</END\_DATE\_TIME>             <ACTIVITY CHANGE\_FLAG="I">                 <ACTIVITY\_ID>LE1000165474</ACTIVITY\_ID>                 <ACTIVITY\_TYPE>T04</ACTIVITY\_TYPE>                 <ACTIVITY\_SETTING>IP</ACTIVITY\_SETTING> <FAMILY\_WHANAU\_INVOLVEMENT>2</FAMILY\_WHANAU\_INVOLVEMENT>                 <HEALTHCARE\_WORKER\_CPN/>                 <START\_DATE\_TIME>2008-08-11T14:00:00</START\_DATE\_TIME>                 <END\_DATE\_TIME>2008-08-12T18:15:00</END\_DATE\_TIME>             </ACTIVITY>         </REFERRAL\_DISCHARGE>     </DIFFERENCES>  .. |

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| 4.2.3 Explanation of DIFFERENCES Segment (Continued) | |  |  | | --- | --- | | **Values of CHANGE\_FLAG attribute** | **Meaning** | | I | “Inserted”. This means that the entity referred to has been inserted by the processing of this document. | | U | “Updated”. This means that the entity referred to has been updated by the processing of this document. | | D | “Deleted”. This means that the entity referred to has been deleted by the processing of this document. | | N | "No Change". This is only used in the case of a referral where the simple elements of the referral have not changed but a complex element (Activity, Collection Occasion, Classification, or Supplementary Consumer Record) within the referral has changed. The referral data has to be shown to preserve the hierarchy, but as none of the simple elements (TEAM\_CODE, EVENT\_HCU\_ID etc) have changed the CHANGE\_FLAG is set to N. |   NOTE: Only the elements that have been changed (or have changes in their sub-tree, in the case of Referral) are included in the DIFFERENCES segment.  Elements that will have a change flag attribute if they appear in the DIFFERENCES segment:  For Referrals:  REFERRAL\_DISCHARGE  ACTIVITY  COLLECTION\_OCCASION  CLASSIFICATION  SUPPLEMENTARY\_CONSUMER\_RECORD  For Legal Status:  LEGAL\_STATUS |

## PRIMHD Data and Record Relationships

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| Data Key Field Relationships | The table below identifies the key field data elements and record relationships that are illustrated in the PRIMHD Logical Data Model in Section 4.4.1 of this document.   |  |  | | --- | --- | | **PRIMHD Record** | **Key Field Data Elements** | | Healthcare User Record | Event HCU ID | | Sex | | DoB | | Legal Status Record | File Version | | Legal Status ID | | Submitting to MoH Organisation ID | | Organisation ID | | Event HCU ID | | Sex | | DoB | | Responsible Clinician CPN | | Referral Discharge Record | File Version | | Referral ID | | Submitting to MoH Organisation ID | | Organisation ID | | Event HCU ID | | Sex | | DoB | | Team Code ID | | Activity Record | Activity ID | | Referral ID | | Organisation ID | | Healthcare Worker CPN | | Classification Record | Classification Code ID | | Referral ID | | Organisation ID | | Clinical Coding System ID | | Collection Occasion Record | Collection Occasion ID | | Referral ID | | Organisation ID | | Healthcare Worker CPN | | Outcome Episode ID | | Outcome Tool | Collection Occasion ID | | Referral ID | | Organisation ID | | Outcome Tool Type and Version | | Outcome Item | Collection Occasion ID | | Referral ID | | Organisation ID | | Outcome Tool Type and Version | | Supplementary Consumer Record | Supplementary Consumer Record ID | | Collection Date | | Wellness Plan | | Accommodation | | Employment Status | | Education Status | |

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| Parent/Child Record Relationships | The table below identifies the parent–child record relationships that are illustrated in the PRIMHD Logical Data Model in Section 4.4.1 of this document.   |  |  | | --- | --- | | **Parent Record (aka Root)** | **Child Record** | | Healthcare User (HC) Record (aka Consumer) | Legal Status (LS) Record | | Referral Discharge (RD) Record | Activity (AT) Record | | Classification (CN) Record | | Collection Occasion (CO) Record | | Supplementary Consumer (SC) Record | | Collection Occasion (CO) Record | Outcome Tool (OT) Record | | Outcome Tool (OT) Record | Outcome Item (OI) Record | | Team (TR) Record | None | |

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| Identifiers | The following identifiers exist within the PRIMHD Logical Data Model in Section 4.4.1 of this file specification document.  NHI Number:  A unique lifetime identifier for all New Zealand, which takes precedence over all other identifiers, for consumers of healthcare services in New Zealand. Also known as the Healthcare User ID.  Appendix C contains the validation routines used by the District and NGO providers to validate NHI numbers.  Where the person is a consumer of healthcare services in New Zealand, the National Health Identifier (NHI Number or HCU ID) will be used.  Where duplicate NHI records for the same healthcare user are merged, one of the NHI numbers will be deemed to be the Primary NHI (Master HCU ID), and the others become Secondary NHIs (HCU Ids).  HPI CPN:  The Healthcare Worker CPN is a unique lifetime identifier for all New Zealand, which takes precedence over all other identifiers, for workers providing healthcare services.  A healthcare worker will be identified with the use of a HPI Common Person Number (HPI CPN). (Refer HISO HPI Data Set 10005 and HISO HPI Code Set 10006).  The HPI system maintains the Healthcare Worker CPN and associated person data history of information for each healthcare worker, eg name changes.  HPI Organisation ID:  A unique lifetime identifier for an organisation assigned by the HPI system which takes precedence over all other identifiers, for organisations providing health care services.  An organisation is the entity that provides services of interest to, or is involved in, the business of the health care service provision. There may be a hierarchical (parent-child) relationship between organisations.  The Organisation Identifier from the Health Practitioner Index will be used to define the organisation providing service.  HPI Facility ID:  A unique lifetime identifier for a facility assigned by the HPI system which takes precedence over all other identifiers, for facilities where health care services are provided. A facility has one physical location from which health goods and/or services are provided.  PRIMHD Referral Discharge ID:  A unique identifier that identifies a Referral Discharge episode for a consumer and is the primary key that links all other Activity, Classification, Collection Occasion and Outcome records for that episode in the patient file.  PRIMHD Legal Status ID:  A unique identifier that identifies a particular instance for the corresponding Legal Status record stored within the health provider’s system.  PRIMHD Activity ID:  A unique identifier that identifies a single Activity record within a patient file that is linked to the Referral Discharge ID and the Referral Discharge event for a consumer that is stored within the health provider’s system.  PRIMHD Collection Occasion ID:  A unique identifier for each Collection Occasion within a particular Outcomes Episode of Care. It serves as the primary key for all collection occasion records and links to Outcome Tool and Outcome Item tables.  PRIMHD Supplementary Consumer Record ID:  A unique identifier for each Supplementary Consumer Record that is generated by and stored within the health provider’s system.  File Version:  An identifier provided by Health NZ for the version of the file being submitted. This number aligns the File Specification version number and the XML schema version number. |

## PRIMHD Logical Data Model

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| Logical Data Model | A logical view of the PRIMHD Data Model is shown below.    ***Note:***  **\*** *The Event HCU ID, DoB and Sex data elements are supplied in either the Referral Discharge record or Legal Status record so that the Healthcare User record can be derived from the National Health Index (NHI)* |

# PRIMHD Record Types

Please also refer to the PRIMHD Data Set document for a full list of PRIMHD Record Types.

## Healthcare User (HC) Details

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| HC Details Data Elements | The Healthcare User details are derived from National Health Index (NHI) by validating the Event HCU ID, Date of Birth and Sex data elements that are submitted in the Referral Discharge Record and Legal Status Records.  The National Health Index (NHI) provides the Master HCU ID, Ethnicity and other Demographics data elements as applicable.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Healthcare User Record (HC) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Event HCU ID | ID | AAANNNN | M | - | | Date of Birth | Date | CCYY-MM-DD | M | - | | Sex | Code | A | M | Yes | |

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| HC Record Code Set Elements | The data elements of the Healthcare User Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | ***Healthcare User Record (HC) Code Set Details*** | | | | Coded Data Element | Range | Description | | Sex | M | Male | | F | Female | | U | Unknown | | O | Another Gender | |
| HC Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Healthcare\_User’. References in **bold** indicate the rules that will be applied to delete records.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | **BR-P21-01** | * The record must contain all mandatory data as identified in section 5.1.1 above. | * Event HCU ID * Date of Birth * Sex | * **RM-P22-01** * **RM-P22-02** * **RM-P22-03** | | **BR-P21-02** | * The data elements must comply with the data formats identified in section 5.1.1 above. | * Date of Birth | * **RM-P22-04** | | **BR-P21-03** | * The data elements must comply with the data code ranges identified in section 5.1.2 above. | * Sex | * **RM-P22-05** | | **BR-P21-04** | * The *Event HCU ID* must be registered on the NHI database before submission. | * Event HCU ID | * **RM-P22-06** | | BR-P21-05 | * The *Date of Birth* must be on or before the *Referral Start Date*. | * Date of Birth | * RM-P22-07 | | **BR-P21-06** | * The *Date of Birth* in this record must match the *Date of Birth* held in the NHI database for the *Event HCU ID.* | * Date of Birth * Event HCU ID | * **RM-P22-08** * **RM-P22-08** | | **BR-P21-07** | * The *Sex* in this record must match the *Sex* held in the NHI database for the *Event HCU ID.* | * Sex * Event HCU ID | * **RM-P22-09** * **RM-P22-09** | | BR-P21-08 | * The *Date of Birth* must be on or before the *Legal Status Start Date/Time*. | * Date of Birth | * RM-P22-10 | |
| HC Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Healthcare\_User’:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P22-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Event HCU ID* has not been supplied in the HC record | | RM-P22-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Date of Birth* has not been supplied in the HC record. | | RM-P22-03 | Error | Error – Missing Mandatory Data | * The mandatory data element *Sex* has not been supplied in the HC record. | | RM-P22-04 | Error | Error – Incorrect Data Format | * The Date of Birthsupplied in the HC record does not comply with the correct data format. | | RM-P22-05 | Error | Error – Incorrect Code Range | * The *Sex* in the HC recordis not within the correct code range. | | RM-P22-06 | Error | Error – Invalid Data | * The *Event HCU ID* supplied in the HC record is not valid in the NHI Database. | | RM-P22-07 | Error | Error – Invalid Data | * The *Date of Birth* in the HC Record is after the *Referral Start Date* in the Referral Record. | | RM-P22-08 | Error | Error – Invalid Data | * The *Date of Birth* in the HC Record does not match *the Date of Birth* in the NHI Database for the *Event HCU ID*. | | RM-P22-09 | Warning | Warning – Invalid Data | * The *Sex* in the HC Record does not match *the Sex* in the NHI Database for the *Event HCU ID*. | | RM-P22-10 | Error | Error – Invalid Data | * The *Date of Birth* in the HC Record is after the *Legal Status Start Date/Time* in the Legal Status Record. | |

## Legal Status (LS) Records

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| LS Record Data Elements | The data elements of the Legal Status Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Legal Status Record (LS) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | File Version | Code | N.N | M | Yes | | Legal Status ID | ID | XX (20) | M | - | | Submitting Org ID | ID | GXXNNN-C | O | - | | Organisation ID | ID | GXXNNN-C | M | - | | Legal Status Code | Code | AA | M | Yes | | Responsible Clinician CPN | ID | NNXXXX | O | - | | Start Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | End Date Time | Date | CCYY-MM-DDTHH:MM:SS | O | - | | Extract From Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | Extracted Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | Deleted Flag | Code | “DELETED” | O | - | |

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| LS Record Code Set Elements | The data elements of the Legal Status Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | ***Legal Status Record (LS) Code Set Details*** | | | | Coded Data Element | Range | Description | | File Version | 1.0 | Version 1.0 | | 2.0 | Version 2.0 | | 2.1 | Version 2.1 | | 2.2 | Version 2.2 | | 2.3 | Version 2.3 | | 2.4 | Version 2.4 | | 2.5 | Version 2.5 | | 2.6 | Version 2.6 | | Legal Status Code | è | Refer to *Legal Status Code* section in the HISO 10023.3 PRIMHD Code Set. | |

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| LS Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Legal\_Status’. References in **bold** indicate the rules that will be applied to delete records.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | **BR-P31-01** | * The record must contain all mandatory data as identified in section 5.2.1 above. | * File Version * Legal Status ID * Organisation ID * Legal Status Code * Start Date Time * Extract From Date Time * Extracted Date | * **RM-P32-01** * **RM-P32-02** * **RM-P32-03** * **RM-P32-06** * **RM-P32-08** * **RM-P32-09** * **RM-P32-10** | | **BR-P31-02** | * The data elements must comply with the data formats identified in section 5.2.1 above. | * Legal Status ID * Start Date Time * End Date Time * Extract From Date Time * Extracted Date * Deleted Flag | * **RM-P32-11** * **RM-P32-12** * **RM-P32-13** * **RM-P32-14** * **RM-P32-15** * **RM-P32-31** | | BR-P31-03 | * The data elements must comply with the data code ranges identified in section 5.2.2 above. | * File Version * Legal Status Code | * RM-P32-16 * RM-P32-17 | | BR-P31-04 | * The data elements date must be on or after the *‘Legislation Commencement Date’* in the code set. | * Legal Status Code | * RM-P32-19 | | BR-P31-05 | * The data elements date must be on or before the *‘Legislation Conclusion Date’* in the code set. | * Legal Status Code | * RM-P32-20 | | **BR-P31-07** | * The *Submitting Org ID* must be a valid ID in the HPI. | * Submitting Org ID | * **RM-P32-22** | | **BR-P31-08** | * The *Organisation ID* must be a valid ID in the HPI. | * Organisation ID | * **RM-P32-23** | | BR-P31-09 | * The *Legal Status Start Date Time* must be on or after the consumers *Date of Birth*. | * Legal Status Start Date Time | * RM-P32-24 | | BR-P31-10 | * The *Legal Status End Date Time* must be on or before the consumers Date of Death. | * Legal Status End Date Time | * RM-P32-25 | | BR-P31-11 | * The *Legal Status Start Date Time* must be on or before the *Legal Status End Date Time.* | * Legal Status Start Date Time * Legal Status End Date Time | * RM-P32-26 * RM-P32-26 | | BR-P31-12 | * The *Responsible Clinician CPN* must be a valid ID in the HPI | * Responsible Clinician CPN | * RM-P32-27 | | BR-P31-13 | * The optional field *Responsible Clinician CPN* should be supplied as soon as it is available. | * Responsible Clinician CPN | * RM-P32-28 | | BR-P31-14 | * The *Legal Status Start Date Time* must not be a future date | * Legal Status Start Date Time | * RM-P32-29 | | BR-P31-15 | * The *Legal Status End Date Time* must not be a future date | * Legal Status End Date Time | * RM-P32-30 | | BR-P31-16 | * A legal status record may not begin on the same day as an existing legal status record for the same person, organisation and legal status code. | * Organisation ID * Event HCU ID * Legal Status Code * Start Date Time | * RM-P32-32 | |

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| LS Record Business Rules (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P31-17 | * A legal status record may not begin or end during an existing legal status record for the same person, organisation and legal status code. | * Organisation ID * Event HCU ID * Legal Status Code * Start Date Time * End Date Time | * RM-P32-33 | |

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| LS Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Legal\_Status’:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   * 1. An ‘Error’ is fatal and the process cannot proceed until corrected.   2. A ‘Warning’ means unusual conditions encountered but are acceptable.   3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P32-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *File Version* has not been supplied in the LS record. | | RM-P32-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Legal Status ID* has not been supplied in the LS record. | | RM-P32-03 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Organisation ID* has not been supplied in the LS record. | | RM-P32-06 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Legal Status Code* has not been supplied in the LS record. | | RM-P32-08 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Start Date Time* has not been supplied in the LS record. | | RM-P32-09 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Extract From Date Time* has not been supplied in the LS record. | | RM-P32-10 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Extracted Date Time* has not been supplied in the LS record. | | RM-P32-11 | Error | Error – Incorrect Data Format | * The *Legal Status ID* supplied in the LS record does not comply with the correct data format. | | RM-P32-12 | Error | Error – Incorrect Data Format | * The *Start Date Time* supplied in the LS record does not comply with the correct data format. | | RM-P32-13 | Error | Error – Incorrect Data Format | * The *End Date Time* supplied in the LS record does not comply with the correct data format. | | RM-P32-14 | Error | Error – Incorrect Data Format | * The *Extract From Date Time supplied* in the LS record does not comply with the correct data format. | | RM-P32-15 | Error | Error – Incorrect Data Format | * The *Extracted Date Time supplied* in the LS record does not comply with the correct data format. | | RM-P32-16 | Error | Error – Incorrect Code Range | * The *File Version* in the LS recordis not within the correct code range. | | RM-P32-17 | Error | Error – Incorrect Code Range | * The *Legal Status Code* in the LS recordis not within the correct code range. | | RM-P32-19 | Error | Error – Invalid Data | * The *Legal Status Code* in the LS recordis before the *Legislation Commencement Date*” in the code set. | | RM-P32-20 | Error | Error – Invalid Data | * The *Legal Status Code* in the LS recordis after the *Legislation Conclusion Date*” in the code set. | |

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| **LS Record Processing, Error and Warning Messages**  **(Continued)** | |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P32-22 | Error | Error – Invalid Data | * The *Submitting Org ID* supplied in the LS record is not a valid ID in the HPI. | | RM-P32-23 | Error | Error – Invalid Data | * The *Organisation ID* supplied in the LS record is not a valid ID in the HPI. | | RM-P32-24 | Error | Error – Invalid Data | * The *Legal Status Start Date Time* is before the consumers *Date of Birth*. | | RM-P32-25 | Error | Error – Invalid Data | * The *Legal Status End Date Time* is after the consumers *Date of Death*. | | RM-P32-26 | Error | Error – Invalid Data | * The *Legal Status End Date Time* is before the *Legal Status Start Date Time*. | | RM-P32-27 | Error | Error – Invalid Data | * The *Responsible Clinician HPI* supplied in the LS record is not a valid ID in the HPI. | | RM-P32-28 | Warning | Warning – Missing Optional Data | * The optional data element Healthcare Worker CPN has not been supplied in the LS record. Please supply the CPN when it is available. | | RM-P32-29 | Error | Error – Invalid Data | * The *Legal Status Start Date Time* is a future date time | | RM-P32-30 | Error | Error – Invalid Data | * The *Legal Status End Date Time* is a future date time | | RM-P32-31 | Error | Error – Incorrect Data Format | * The *Deleted Flag* in the LS record does not comply with the correct data format. | | RM-P32-32 | Error | Error – Invalid Data | * The LS record begins on the same date as an existing LS record for the same Organisation ID, Event HCU ID and Legal Status Code. | | RM-P32-33 | Error | Error – Invalid Data | * The LS record overlaps with an existing LS record for the same Organisation ID, Event HCU ID and Legal Status Code. | |

## Referral Discharge (RD) Record

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| RD Record Data Elements | The data elements of the Referral  Discharge Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Referral Discharge Record (RD) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | File Version | Code | N.N | M | Yes | | Referral ID | ID | XX (20) | M | - | | Submitting Org ID | ID | GXXNNN-C | O | - | | Organisation ID | ID | GXXNNN-C | M | - | | Team Code | Code | XXXXXX | M | Yes | | Referral From | Code | AA | M | Yes | | Referral To | Code | AA | C | Yes | | Referral End Code | Code | AA | C | Yes | | Start Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | End Date Time | Date | CCYY-MM-DDTHH:MM:SS | C | - | | Extract From Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | Extracted Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | Deleted Flag | Code | “DELETED” | O | - | |

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| RD Record Code Set Elements | The data elements of the Referral Discharge Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | ***Referral Discharge Record (RD) Code Set Details*** | | | | Coded Data Element | Range | Description | | File Version | 1.0 | Version 1.0 | | 2.0 | Version 2.0 | | 2.1 | Version 2.1 | | 2.2 | Version 2.2 | | 2.3 | Version 2.3 | | 2.4 | Version 2.4 | | 2.8 | Version 2.8 | | Referral From | PI | Psychiatric Inpatient | | CM | Adult community mental health services | | AD | Alcohol and drug | | CA | Child adolescent and family/whānau mental health services | | RE | Mental health residential | | SE | Mental health community skills enhancement programme | |

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| RD Record Code Set Elements(Continued) | The remaining data elements of the Referral Discharge Record that have coded values are continued below.   |  |  |  | | --- | --- | --- | | ***Referral Discharge Record (RD) Code Set Details*** | | | | Coded Data Element | Range | Description | | Referral From (Continued) | NA | Needs assessment and co-ordination service | | KM | Kaupapa Māori Service | | KP | Pacific peoples | | NP | Hospital referral (non-psychiatric) | | DH | Day hospital | | AE | Accident and emergency | | PD | Paediatrics | | PH | Public health | | GP | General practitioner | | PP | Private practitioner | | ES | Education sector | | SW | Social Welfare | | JU | Justice | | PO | Police | | SR | Self- or relative referral | | OT | Other | | VS | Vocational Service | | CS | Community Support Service | | UN | Unknown | | AC | Access and Choice General Practice | | OL | Older persons mental health service | | CR | Corrections | | CO | Court Liaison | | FO | Forensic Community | | NR | No further referral | | Referral To | è | See *Referral From*, above. | | Referral End Code | DD | Deceased | | DG | Gone no address or lost to follow up | | DK | Discharge of tangata whaiora/consumer to NGOs that provide MHA services | | DT | Discharge of tangata whaiora/consumer to another healthcare organisation | | DY | Transfer to another MHA service within same organisation | | DZ | Routine discharge - no direct contact required | | DM | Tangata whaiora/consumer did not attend following the referral | | DR | Completion of treatment/programme/goals. Use this for discharge/return to GP. | | DS | Self discharge | | DT | Discharge of tangata whaiora/consumer to another healthcare organisation | | DW | Discharge to other service within same facility | | ID | Involuntary Discharge | | PD | Provider Discharge | | RI | Referral declined – Inability to provide services requested. | | RO | Referral declined – Other services more appropriate. | | Team Code | è | Details of each organisation’s teams are documented in their Mapping Document. | |

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| RD Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Referral\_Discharge’. References in **bold** indicate the rules that will be applied to delete records.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | **BR-P41-01** | * The record must contain all mandatory data as identified in section 5.3.1 above. | * File Version * Referral ID * Organisation ID * Team Code * Start Date Time * Extract From Date Time * Extracted Date Time * Referral From | * **RM-P42-01** * **RM-P42-02** * **RM-P42-03** * **RM-P42-05** * **RM-P42-06** * **RM-P42-07** * **RM-P42-08** * **RM-P42-40** | |

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| RD Record Business Rules (Continued) | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | --- | --- | --- | --- | | **BR-P41-02** | * The data elements must comply with the data formats identified in section 5.3.1 above. | * Referral ID * Start Date Time * End Date Time * Extract From Date Time * Extracted Date Time * Deleted Flag | * **RM-P42-09** * **RM-P42-10** * **RM-P42-11** * **RM-P42-12** * **RM-P42-13** * **RM-P42-43** | | **BR-P41-03** | * The data elements must comply with the data code ranges identified in section 5.3.2 above. | * File Version * Team Code * Referral From * Referral To * Referral End code | * RM-P42-14 * **RM-P42-16** * RM-P42-17 * RM-P42-18 * RM-P42-19 | | BR-P41-04 | * The data elements date must be on or after the ‘Valid from’ date in the data set. | * Team Code * Referral From * Referral To * Referral End code | * RM-P42-20 * RM-P42-21 * RM-P42-22 * RM-P42-23 | | BR-P41-05 | * The data elements date must be on or before the ‘Valid to’ date in the data set. | * Team Code * Referral From * Referral To * Referral End code | * RM-P42-24 * RM-P42-25 * RM-P42-26 * RM-P42-27 | | **BR-P41-06** | * The *Submitting Org ID* must be a valid ID in the HPI. | * Submitting Org ID | * **RM-P42-28** | | **BR-P41-07** | * The *Organisation ID* must be a valid ID in the HPI. | * Organisation ID | * **RM-P42-29** | | BR-P41-08 | * The *Referral Start Date Time* must be on or after the consumers *Date of Birth*. | * Referral Start Date Time | * RM-P42-30 | | BR-P41-10 | * The *Referral Start Date Time* must be on or after the *Team Open Date.* | * Referral Start Date Time | * RM-P42-32 | | BR-P41-11 | * The *Referral End Date Time* must be on or before the *Team Close Date.* | * Referral End Date Time | * RM-P42-33 | | BR-P41-12  [Retired] | * [Retired] The *Referral End Date Time* must be on or after the *Activity End Date Time*, the *Classification End Date Time*, the *Collection Occasion Date Time*. | * Referral End Date Time | * RM-P42-34 [Retired] | | BR-P41-13  [Retired] | * [Retired] The following data elements must be supplied when the *Referral To* field is populated. | Referral End Code  Referral End Date Time | RM-P42-35 [Retired]  RM-P42-36 [Retired] | | BR-P41-14 | * The *Referral End Date Time* must be on or after the *Referral Start Date Time*. | * Referral Start Date Time * Referral End Date Time | * RM-P42-37 * RM-P42-37 | | BR-P41-17 | * The *Referral Start Date/Time* must not be a future date/time. | * Referral Start Date Time | * RM-P42-41 | | BR-P41-18 | * The *Referral End Date Time* must not be a future date time | * Referral End Date Time | * RM-P42-42 | | BR-P41-22 | * Referral To, Referral End Code and Referral End Date Time must all be supplied when any one of these fields is supplied. | * Referral To * Referral End Code * Referral End Date Time | * RM-P42-46 | | BR-P41-23 | * The Referral End Date Time must be on or after the Activity End Date Time | * Referral end date Time * Activity End Date Time | * RM-P42-47 | |
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| RD Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Referral Discharge’:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   * 1. An ‘Error’ is fatal and the process cannot proceed until corrected.   2. A ‘Warning’ means unusual conditions encountered but are acceptable.   3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P42-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *File Version* has not been supplied in the RD record. | | RM-P42-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Referral ID* has not been supplied in the RD record. | | RM-P42-03 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Organisation ID* has not been supplied in the RD record. | | RM-P42-05 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Code* has not been supplied in the RD record. | | RM-P42-06 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Start Date* has not been supplied in the RD record. | | RM-P42-07 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Extract From Date Time* has not been supplied in the RD record. | | RM-P42-08 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Extracted Date Time* has not been supplied in the RD record. | | RM-P42-09 | Error | Error – Incorrect Data Format | * The *Referral ID* supplied in the RD record does not comply with the correct data format. | | RM-P42-10 | Error | Error – Incorrect Data Format | * The *Start Date Time* supplied in the RD record does not comply with the correct data format. | | RM-P42-11 | Error | Error – Incorrect Data Format | * The *End Date Time* supplied in the RD record does not comply with the correct data format. | | RM-P42-12 | Error | Error – Incorrect Data Format | * The *Extract From Date Time* supplied in the RD record does not comply with the correct data format. | | RM-P42-13 | Error | Error – Incorrect Data Format | * The *Extracted Date Time* supplied in the RD record does not comply with the correct data format. | | RM-P42-14 | Error | Error – Incorrect Code Range | * The *File Version* in the RD recordis not within the correct code range. | | RM-P42-16 | Error | Error – Incorrect Code Range | * The *Team Code* in the RD recordis not within the correct code range. | | RM-P42-17 | Error | Error – Incorrect Code Range | * The *Referral From* in the RD recordis not within the correct code range. | | RM-P42-18 | Error | Error – Incorrect Code Range | * The *Referral To* in the RD recordis not within the correct code range. | | RM-P42-19 | Error | Error – Incorrect Code Range | * The *Referral End Code* in the RD recordis not within the correct code range. | | RM-P42-20 | Error | Error – Invalid Data | * The *Team Code* in the RD recordis before the ’Valid From Date” in the code set. | |

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| RD Record Processing, Error and Warning Messages (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P42-21 | Error | Error – Invalid Data | * The *Referral From* code in the RD recordis before the ’Valid From Date” in the code set. | | RM-P42-22 | Error | Error – Invalid Data | * The *Referral To* code in the RD recordis before the ’Valid From Date” in the code set. | | RM-P42-23 | Error | Error – Invalid Data | * The *Referral End Code* in the RD recordis before the ’Valid From Date” in the code set. | | RM-P42-24 | Error | Error – Invalid Data | * The *Team Code* in the RD recordis after the ’Valid To Date” in the code set. | | RM-P42-25 | Error | Error – Invalid Data | * The *Referral From* code in the RD recordis after the ’Valid To Date” in the code set. | | RM-P42-26 | Error | Error – Invalid Data | * The *Referral To* code in the RD recordis after the ’Valid To Date” in the code set. | | RM-P42-27 | Error | Error – Invalid Data | * The *Referral End Code* in the RD recordis after the ’Valid To Date” in the code set. | | RM-P42-28 | Error | Error – Invalid Data | * The *Submitting Org ID* supplied in the RD record is not a valid ID in the HPI. | | RM-P42-29 | Error | Error – Invalid Data | * The *Organisation ID* supplied in the RD record is not a valid ID in the HPI. | | RM-P42-30 | Error | Error – Invalid Data | * The *Referral Start Date Time* is before the consumers *Date of Birth*. | | RM-P42-32 | Error | Error – Invalid Data | * The *Referral Start Date Time* is before the *Team Open Date*. | | RM-P42-33 | Error | Error – Invalid Data | * The *Referral End Date Time* is after the *Team Close Date*. | | RM-P42-34  [Retired] | Error | Error – Invalid Data | * [Retired] The *Referral End Date Time* is before the *Activity End Date Time or Classification End Date Time* or *Collection Occasion Date Time.* | | RM-P42-35  [Retired] | Error | Error – Missing Conditional Data | * [Retired] The conditional data element *Referral End Code* has not been supplied in the RD record. It should be supplied when the *Referral To* field is populated. | | RM-P42-36  [Retired] | Error | Error – Missing Conditional Data | * [Retired] The conditional data element *Referral End Date Time* has not been supplied in the RD record. It should be supplied when the *Referral To* field is populated. | | RM-P42-37 | Error | Error – Invalid Data | * The *Referral End Date Time* is before the *Referral Start Date Time.* | | RM-P42-40 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Referral From* has not been supplied in the RD record. | | RM-P42-41 | Error | Error – Invalid Data | * The *Referral Start Date/Time* is a future date/time | | RM-P42-42 | Error | Error – Invalid Data | * The *Referral End Date/Time* is a future date/time | | RM-P42-43 | Error | Error – Incorrect Data Format | * The *Deleted Flag* supplied in the RD record does not comply with the correct data format. | | RM-P42-46 | Error | Error – Invalid Data | * Referral To, Referral End Code and Referral End Date Time must all be supplied when any one of the fields is supplied. | | RM-P42-47 | Error | Error – Invalid Data | * The Referral End Date Time is before the Activity End Date Time. | |

## Activity (AT) Record

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| AT Record Data Elements | The data elements of the Activity Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Activity Record (AT) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Activity ID | ID | XX (20) | M | - | | Activity Type | Code | ANN | M | Yes | | Activity Setting | Code | XX | M | Yes | | Family Whanau Involvement | Code | X | M | Yes | | Healthcare Worker CPN | ID | NNXXXX | O | - | | Start Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | End Date Time | Date | CCYY-MM-DDTHH:MM:SS | C | - | |

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| AT Record Code Set Elements | The data elements of the Activity Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | ***Activity Record (AT) Code Set Details*** | | | | Coded Data Element | Range | Description | | Activity Type | è | Refer to *Activity Type* section in the HISO 10023.3 PRIMHD Code Set. | | Activity Setting | è | Refer to *Activity Setting* section in the HISO 10023.3 PRIMHD Code Set. | | Family Whanau Involvement | è | Refer to *Family Whanau Involvement* section in the HISO 10023.3 PRIMHD Code Set. | |

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| AT Code /FWI Code Matrix |

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| The matrix below identifies which Family Whanau response is permissible with each Activity Type. |

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| *Activity Type and Family Whanau Involvement Matrix (FWI)* | | | |
| ACTIVITY\_CODE | FWI YES | FWI NO | Comment |
| T01 | 1 | 2 | Could legitimately be either. |
| T02 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T03 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T04 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T05 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T07 | 1 | 2 | Could legitimately be either. |
| T08 |  | 2 | Should always be N |
| T10 |  | 2 | Should always be N |
| T11 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T12 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T13 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T14 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T15 | 1 | 2 | Could legitimately be either. |
| T16 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T17 | 1 | 2 | Could legitimately be either. |
| T18 | 1 | 2 | Could legitimately be either. |
| T19 | 1 | 2 | Could legitimately be either. |
| T20 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T21 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T22 | 1 | 2 | Could legitimately be either. |
| T23 | 1 | 2 | Could legitimately be either. |
| T24 | 1 | 2 | Could legitimately be either. |
| T27 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T28 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T29 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T30 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T32 | 1 |  | Should always be Y |
| T33 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T34 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T35 | 1 | 2 | T35 with FWI = Y means the planned appointment was to have Family/whanau involvement. |
| T36 | 1 |  | Should always be Y. (End date 30/06/2025. Replaced with new code T53 - Individual treatment attendance, which should be used with FWI = Y or N as applicable.) |
| T37 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T38 | 1 | 2 | Could legitimately be either. |
| T39 | 1 | 2 | Could legitimately be either. |
| T40 | 1 | 2 | Could legitimately be either. |
| T41 | 1 | 2 | Could legitimately be either. |
| T42 |  | 2 | Should always be N. End date 30/06/2025. Replaced with new code T53 - Individual treatment attendance. Use with FWI = Y or N as applicable. |
| T43 | 1 | 2 | Could legitimately be either. |
| T44 | 1 | 2 | Could legitimately be either. |
| T45 | 1 | 2 | Could legitimately be either. |
| T46 | 1 | 2 | Could legitimately be either. |
| T47 | 1 | 2 | Could legitimately be either. |
| T48 |  | 2 | Bednight, leave, seclusion, ECT. FWI should always be N. |
| T49 | 1 | 2 | Could legitimately be either. |
| T50 | 1 | 2 | Could legitimately be either. |
| T51 | 1 | 2 | Could legitimately be either. |
| T52 | 1 | 2 | Could legitimately be either. |
| T53 | 1 | 2 | Could legitimately be either. |

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| AT Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Activity’.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P51-01 | * The record must contain all mandatory data as identified in section 5.4.1 above. | * Activity ID * Activity Type * Activity Setting * Start Date Time | * RM-P52-01 * RM-P52-02 * RM-P52-03 * RM-P52-04 | | BR-P51-02 | * The data elements must comply with the data formats identified in section 5.4.1 above. | * Activity ID * Start Date Time * End Date Time | * RM-P52-05 * RM-P52-06 * RM-P52-07 | | BR-P51-03 | * The data elements must comply with the data code ranges identified in section 5.4.2 above. | * Activity Type * Activity Setting * Family Whanau | * RM-P52-08 * RM-P52-09 * RM-P52-25 | | BR-P51-04 | * The data elements date must be on or after the ‘Valid from’ date in the data set. | * Activity Type * Activity Setting * Family Whanau | * RM-P52-10 * RM-P52-11 * RM-P52-26 | | BR-P51-05 | * The data elements date must be on or before the ‘Valid to’ date in the data set. | * Activity Type * Activity Setting * Family Whanau | * RM-P52-12 * RM-P52-13 * RM-P52-27 | | BR-P51-06 | * The Healthcare Worker CPN must be a valid ID in the HPI. | * Healthcare Worker CPN | * RM-P52-14 | | BR-P51-07 | * The *Activity Start Date Time* must be on or after the *Referral Start Date Time*. | * Activity Start Date Time | * RM-P52-15 | | BR-P51-08 | * The *Activity End Date Time* must be supplied when the *Referral End Date Time* is supplied in the RD record. | * Activity End Date Time | * RM-P52-16 | | BR-P51-09 | * The *Activity End Date Time* must be on or after the *Activity Start Date Time*. | * Activity Start Date Time * Activity End Date Time | * RM-P52-17 * RM-P52-17 | | BR-P51-10 | * If the *Activity Setting* is PH, AV or SM the *Activity Type* should be one of the following: T01, T08, T09, T18, T19, T24, T32, T35, T38, T39, T40, T41, T43, T44, T45, T46, T47, T49, T50, T53 | * Activity Type * Activity Setting | * RM-P52-18 * RM-P52-18 | | BR-P51-11 | * The conditional data element *Activity End Date Time* must be populated when one of the following conditions occur: * When the *Activity Type* is not one of the following codes: T02, T03, T04, T05, T11, T12, T13, T14, T16, T20, T21, T25, T26, T27, T28, T29, T30, T37, T48. (inpatient activities). | * Activity End Date Time | * RM-P52-19 | | BR-P51-12 | * The *Activity Start Date/Time* must be on or after 1 July 2008. | * Activity Start Date Time | * RM-P52-20 | | BR-P51-13 | * The *Activity ID* must be unique within the referral. | * Activity ID | * RM-P52-21 | | BR-P51-14 | * The *Activity Start Date Time* must not be a future date time. | * Activity Start Date Time | * RM-P52-22 | | BR-P51-15 | * The *Activity End Date* *Time* must be on or before the consumers date of death except when the *Activity Type* is one of: T08, T32, T38, T39, T40, T41, T47, T49. | * Activity End Date Time | * RM-P52-23 | | BR-P51-16 | * The *Activity End Date Time* must not be a future date time | * Activity End Date Time | * RM-P52-24 | | BR-P52-17 | * A *Family/whanau Involvement* value has not been provided for this activity record | * Family Whanau Involvement | * RM-P52-30 | | BR-P52-18 | * An invalid family/whanau indicator/activity type code combination has been supplied | * Family Whanau Involvement | * RM-P52-29 | |

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| AT Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Activity:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P52-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Activity ID* has not been supplied in the AT record. | | RM-P52-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Activity Type* has not been supplied in the AT record. | | RM-P52-03 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Activity Setting* has not been supplied in the AT record. | | RM-P52-04 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Start Date Time* has not been supplied in the AT record. | | RM-P52-05 | Error | Error – Incorrect Data Format | * The *Activity ID* supplied in the AT record does not comply with the correct data format. | | RM-P52-06 | Error | Error – Incorrect Data Format | * The *Start Date Time* supplied in the AT record does not comply with the correct data format. | | RM-P52-07 | Error | Error – Incorrect Data Format | * The *End Date Time* supplied in the AT record does not comply with the correct data format. | | RM-P52-08 | Error | Error – Incorrect Code Range | * The *Activity Type* in the AT recordis not within the correct code range | | RM-P52-09 | Error | Error – Incorrect Code Range | * The *Activity Setting* in the AT recordis not within the correct code range. | | RM-P52-10 | Error | Error – Invalid Data | * The *Activity Type* code in the AT recordis before the ’Valid From Date” in the code set. | | RM-P52-11 | Error | Error – Invalid Data | * The *Activity Setting* code in the AT recordis before the ’Valid From Date” in the code set. | | RM-P52-12 | Error | Error – Invalid Data | * The *Activity Type* code in the AT recordis after the ’Valid To Date” in the code set. | | RM-P52-13 | Error | Error – Invalid Data | * The *Activity Setting* code in the AT recordis after the ’Valid To Date” in the code set. | | RM-P52-14 | Error | Error – Invalid Data | * The *Healthcare Worker CPN* supplied in the AT record is not a valid ID in the HPI. | | RM-P52-15 | Error | Error – Invalid Data | * The *Activity Start Date Time* is before the *Referral Start Date Time*. | | RM-P52-16 | Error | Error – Missing Conditional Data | * The *Activity End Date Time* has not been supplied in the AT record. It must be supplied when the *Referral End Date Time* is supplied. | | RM-P52-17 | Error | Error – Invalid Data | * The *Activity End Date Time* is before the *Activity Start Date Time*. | | RM-P52-18 | Warning | Warning – Invalid Data | * The *Activity Type* in the AT record is not a valid combination with a PH, AV or SM *Activity Setting.* | | RM-P52-19 | Error | Error – Missing Conditional Data | * The *Activity End Date Time* has not been supplied in the AT record. It should be supplied when the *Activity Type* is not an inpatient event or when the consumer ceases to receive activities from the team, regardless of *Activity Type*. | | RM-P52-20 | Error | Error – Invalid Data | * The *Activity Start Date/Time* is before 1 July 2008. | | RM-P52-21 | Error | Error – Invalid Data | * An *Activity ID* has been used more than once in this referral. | | RM-P52-22 | Error | Error – Invalid Data | * The *Activity Start Date Time* is a future date time. | | RM-P52-23 | Error | Error – Invalid Data | * The *Activity End Date* is after the consumer’s Date of Death. It must be on or before the Date of Death except when the *Activity Type Code* is one of the following: T08, T32, T38, T39, T40, T41, T47, T49. | |
| AT Record Processing, Error and Warning Messages (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P52-24 | Error | Error – Invalid Data | * The *Activity End Date Time* is a future date time. | | RM-P52-25 | Error | Error – Incorrect Code Range | * The Family Whanau code in the AT record is not within the correct code range. | | RM-P52-26 | Error | Error – Invalid Data | * The *Family Whanau* code in the AT recordis before the ’Valid From Date” in the code set. | | RM-P52-27 | Error | Error – Invalid Data | * The *Family Whanau* code in the AT recordis after the ’Valid To Date” in the code set. | | RM-P52-28 | Warning | Warning – Missing Data | * A *Family/whanau Involvement* value has not been provided for this activity record. Note: Retired from 30 June 2024 | | RM-P52-29 | Error | Error – Invalid Combination | * An invalid family/whanau indicator/activity type code combination has been supplied. | | RM-P52-30 | Error | Error – Missing Mandatory Data | * The mandatory data element Family Whanau Involvement has not been supplied in the AT record. *Note: Effective 1 July 2024* | |

## Classification (CN) Record

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| CN Record Data Elements | The data elements of the Classification Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Classification Record (CN) Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Classification Code ID | ID | XX (20) | M | - | | Clinical Coding System ID | Code | XX | M | Yes | | Diagnosis Type | Code | A | M | Yes | | Clinical Code Value | Code | XXXXXXXX | M | Yes | | Start Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | End Date Time | Date | CCYY-MM-DDTHH:MM:SS | C | - | |

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| CN Record Code Set Elements | The data elements of the Classification Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | *Classification Record (CN) Details* | | | | Coded Data Element | Range | Description | | Clinical Coding System ID | 01 | ICD-9 | | 02 | ICD-9-CM | | 03 | Read | | 04 | ICPC | | 05 | Continuum AMR codes | | 06 | ICD9-CMA | | 07 | DSM-IV | | 10 | ICD-10-AM first edition | | 11 | ICD-10-AM second edition | | 12 | ICD-10-AM third edition | | 13 | ICD-10-AM sixth edition | | 14 | ICD-10-AM eighth edition | | 15 | ICD-10-AM eleventh edition | | 16 | ICD-10-AM twelfth edition | | 50 | SNOMED CT | | Diagnosis Type | A | Principal diagnosis | | B | Other relevant diagnosis | | C | Non-contributory cancer | | D | Underlying cause of death | | E | External cause of injury | | F | Selected contributory cause B1 | | G | Selected contributory cause B2 | | H | Main maternal disease in fetal or infant death | | I | Other maternal disease in fetal or infant death | | J | Other relevant disease in fetal or infant death | | L | Location of injury | | M | Pathological nature of growth | | N | Nature of Injury (mortality only) | | O | Operation / Procedure | | P | Mental Health provisional diagnosis (PRIMHD Only) | | S | Activity | | Clinical Code Value | è | Refer to the appropriate *Clinical Coding System* | |

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| CN Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Classification’.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P61-01 | * The record must contain all mandatory data as identified in section 5.5.1 above. | * Classification Code ID * Start Date Time * Clinical Coding System ID * Diagnosis Type * Clinical Code Value | * RM-P62-01 * RM-P62-02 * RM-P62-54 * RM-P62-55 * RM-P62-56 | | BR-P61-02 | * The data elements must comply with the data formats identified in section 5.5.1 above. | * Classification Code ID * Start Date Time * End Date Time | * RM-P62-03 * RM-P62-04 * RM-P62-05 | | BR-P61-03  [Retired] | * The data elements must comply with the data code ranges identified in section 5.5.2 above. | * Issue Coding System ID * Issue Type * Issue Code Value | * RM-P62-09 * RM-P62-10 * RM-P62-11 | | BR-P61-04 | * The data elements date must be on or after the “Valid from” date in the data set | * Clinical Code Value | * RM-P62-14 | | BR-P61-05 | * The data elements date must be on or after the “Valid to” date in the data set | * Clinical Code Value | * RM-P62-20 | | BR-P61-06 | * The *Diagnosis Start Date Time* must be on or after the *Referral Start Date Time*. | * Diagnosis Start Date Time | * RM-P62-24 | | BR-P61-07 | * The *Diagnosis End Date Time* must be on or before the *Referral End Date Time.* | * Diagnosis End Date Time | * RM-P62-25 | | BR-P61-08  [Retired] | * The *Issues Start Date Time* must be on or after the *Referral Start Date Time*. | * Issues Start Date Time | * RM-P62-26 [Retired] | | BR-P61-09  [Retired] | * The *Issues End Date Time* must be on or before the *Referral End Date Time.* | * Issues Start Time | * RM-P62-27 [Retired] | | BR-P61-10 | * The *Diagnosis* E*nd Date Time* must be on or after the *Diagnosis Start Date Time.* | * Diagnosis End Date Time | * RM-P62-28 | | BR-P61-11  [Retired] | * The *Issues* E*nd Date Time* must be on or after the *Issues Start Date Time.* | * Issues End Date Time | * RM-P62-29 [Retired] | | BR-P61-12  [Retired] | * The CN record must contain either a Diagnosis or Issue, not both. | * Clinical coding System ID * Diagnosis Type * Clinical code Value * Issue coding System ID * Issue Type * Issue code Value | * RM-P62-30 * RM-P62-30 * RM-P62-30 * RM-P62-30 * RM-P62-30 * RM-P62-30 [Retired] | | BR-P61-13  [Retired] | * The following data elements must be supplied when the *Clinical Coding System ID* field is populated. | * Diagnosis Type * Clinical Code Value * Diagnosis Start Date | * RM-P62-31 * RM-P62-32 * RM-P62-33 [All Retired] | | BR-P61-14  [Retired] | * The following data elements must be supplied when the *Issue Coding System ID* field is populated. | * Issue Type * Issue Code Value * Issue Start Date | * RM-P62-34 * RM-P62-35 * RM-P62-36 [All Retired] | |

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| CN Record Business Rules (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P61-15 | * A *Type A Diagnosis* should be supplied within 91 days of the first face-to-face *Activity Start Date Time* for each referral, except in the following circumstances, when no *Type A Diagnosis* is required: * If the Service Provider Organisation Type is not 001 (DHB). * If the Referral End Code is one of the following: DG, DM, RI, RO, ID. | * Diagnosis Type | * RM-P62-37 | | BR-P61-16 | * A *Type A Diagnosis* should be supplied before the *Referral End Date Time* for each referral, except in the following circumstances, when no *Type A Diagnosis* is required: * If the *Service Provider Organisation Type* is not 001 (DHB). * If the *Referral End Code* is DG, DM, RI, RO, ID. | * Diagnosis Type * Referral End Date | * RM-P62-38 * RM-P62-38 | | BR-P61-17 | * ‘Diagnosis Deferred’ (DSMIV code 7999 and ICD-10-AM code R69) must not be a *Type A* or *Type B Diagnosis*. | * Diagnosis Type | * RM-P62-39 | | BR-P61-18 | * There should be only 1 current *Type A Diagnosis* per referral except when supplied by a team with *Team Type* 12 (dual diagnosis team), when 2 current *Type A Diagnoses* are allowed. | * Diagnosis type * Clinical Code Value | * RM-P62-40 * RM-P62-47 | | BR-P61-19 | * *Type A Diagnosis* must be a mental health diagnosis. | * Diagnosis Type * Clinical Code Value | * RM-P62-41 * RM-P62-41 | | BR-P61-20 | * A maximum of 5 current *Type B Diagnoses* can be supplied per referral. | * Diagnosis Type | * RM-P62-42 | | BR-P61-21 | * There must be a *Type A or Type P Diagnosis* for this referral before a *Type B Diagnosis can* be accepted. | * Diagnosis Type | * RM-P62-43 | | BR-P61-22 | * There must be only 1 *Type P Diagnosis* per referral. | * Diagnosis Type | * RM-P62-44 | | BR-P61-23 | * *Diagnosis Start Date Time* must be on or after the first *Activity Start Date Time* for this referral. This rule does not apply to referrals with a Start Date prior to 1 July 2008. | * Diagnosis Start Date Time | * RM-P62-45 | | BR-P61-24 | * When submitted, there must be a valid combination of *Clinical Coding System ID*, *Clinical Code Value* and *Diagnosis Type.* | * Clinical Coding System ID * Clinical Code Value * Diagnosis Type | * RM-P62-46 * RM-P62-46 * RM-P62-46 | | BR-P61-25 | * The *Diagnosis Type* in the CN record should be either "A", "B", or "P". | * Diagnosis Type | * RM-P62-48 | | BR-P61-26 | * The *Classification Code ID* must be unique within the referral. | * Classification Code ID | * RM-P62-49 | | BR-P61-27 | * There must be an AT Record in the Referral Record for a CN Record to be accepted. | * Classification Record | * RM-P62-50 | | BR-P61-28 | * The *Diagnosis Start Date Time* must not be a future date time | * Diagnosis Start Date Time | * RM-P62-51 | | BR-P61-29 | * The *Diagnosis End Date Time* must not be a future date time | * Diagnosis End Date Time | * RM-P62-52 | |
| CN Record Business Rules (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P61-30 | * The *Diagnosis End Date Time* must be supplied when the *Referral End Date Time* is supplied in the RD record | * Diagnosis End Date Time | * RM-P62-53 | |

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| CN Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Classification Record’:  Important Notes:  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P62-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Classification ID* has not been supplied in the CN record. | | RM-P62-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Start Date Time* has not been supplied in the CN record. | | RM-P62-03 | Error | Error – Incorrect Data Format | * The *Classification Code ID* supplied in the CN record does not comply with the correct data format. | | RM-P62-04 | Error | Error – Incorrect Data Format | * The *Start Date Time* supplied in the CN record does not comply with the correct data format. | | RM-P62-05 | Error | Error – Incorrect Data Format | * The *End Date Time* supplied in the CN record does not comply with the correct data format. | | RM-P62-09  [Retired] | Error | Error – Incorrect Code Range | * The *Issue Coding System ID* in the CN recordis not within the correct code range. | | RM-P62-10  [Retired] | Error | Error – Incorrect Code Range | * The *Issue Type* in the CN recordis not within the correct code range. | | RM-P62-11  [Retired] | Error | Error – Incorrect Code Range | * The *Issue Code Value* in the CN recordis not within the correct code range. | | RM-P62-14 | Error | Error – Invalid Data | * The *Clinical Code Value* in the CN record is before the ‘Valid From Date’ in the code set. | | RM-P62-20 | Error | Error – Invalid Data | * The *Clinical Code Value* in the CN record is after the ‘Valid To Date’ in the code set. | | RM-P62-24 | Error | Error – Invalid Data | * The *Diagnosis Start Date Time* is before the *Referral Start Date Time*. | | RM-P62-25 | Error | Error – Invalid Data | * The *Diagnosis End Date Time* is after the *Referral End Date Time*. | | RM-P62-26  [Retired] | Error | Error – Invalid Data | * The *Issues Start Date* is before the *Referral Start Date*. | | RM-P62-27  [Retired] | Error | Error – Invalid Data | * The *Issues End Date Time* is after the *Referral End Date Time*. | | RM-P62-28 | Error | Error – Invalid Data | * The *Diagnosis End Date Time* is before the *Diagnosis Start Date Time*. | | RM-P62-29  [Retired] | Error | Error – Invalid Data | * The *Issues End Date Time* is before the *Issues Start Date Time*. | | RM-P62-30  [Retired] | Error | Error – Invalid Data | * The CN Record contains a *Diagnosis* and an *Issue.* The record should contain one or the other, not both. | | RM-P62-31  [Retired] | Error | Error – Missing Conditional Data | * The conditional data element *Diagnosis Type* has not been supplied in the CN record. It should always be supplied when the field *Clinical Coding System ID* is populated. | |
| CN Record Processing, Error and Warning Messages  (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P62-32  [Retired] | Error | Error – Missing Conditional Data | * The conditional data element *Clinical Code Value* has not been supplied in the CN record. It should always be supplied when the field *Clinical Coding System ID* is populated. | | RM-P62-33  [Retired] | Error | Error – Missing Conditional Data | * The conditional data element *Diagnosis Start Date* has not been supplied in the CN record. It should always be supplied when the field *Clinical Coding System ID* is populated. | | RM-P62-34  [Retired] | Error | Error – Missing Conditional Data | * The conditional data element *Issue Type* has not been supplied in the CN record. It should always be supplied when the field *Issue Coding System ID* is populated. | | RM-P62-35  [Retired] | Error | Error – Missing Conditional Data | * The conditional data element *Issue Code Value* has not been supplied in the CN record. It should always be supplied when the field *Issue Coding System ID* is populated. | | RM-P62-36  [Retired] | Error | Error – Missing Conditional Data | * The conditional data element *Issue Start Date* has not been supplied in the CN record. It should always be supplied when the field *Issue Coding System ID* is populated. | | RM-P62-37 | Warning | Warning – Missing Record | * A *Type A Diagnosis* has not been supplied within 91 days of the first face to face *Activity Record* for this Referral. | | RM-P62-38 | Warning | Warning – Missing Record | * A *Referral End Date* has been supplied, but a *Type A Diagnosis* has not been received for this referral. | | RM-P62-39 | Warning | Warning – Invalid Data | * ‘Diagnosis Deferred’ (DSMIV code 7999 and ICD-10-AM code R69) is not a valid *Type A* or *Type B Diagnosis*. | | RM-P62-40 | Warning | Warning – Invalid Data | * There is more than one current *Type A Diagnosis* in the CN record for this referral. | | RM-P62-41 | Error | Error – Invalid Data | * The *Type A Diagnosis* in the CN record is not a mental health diagnosis. | | RM-P62-42 | Warning | Warning – Invalid Data | * There are more than 5 current *Type B Diagnoses* in the CN record for this referral. | | RM-P62-43 | Error | Error – Missing Data | * There is no *Type A or Type P Diagnosis* in the CN record for this referral, therefore no *Type B Diagnosis* can be accepted. | | RM-P62-44 | Warning | Warning – Invalid Data | * There is more than 1 *Type P Diagnosis* in the CN record for this referral. | | RM-P62-45 | Error | Error – Invalid Data | * The *Diagnosis Start Date Time* is before the first *Activity Start Date Time* for this referral. This rule does not apply to Referrals with a Start Date prior to 1 July 2008. | | RM-P62-46 | Error | Error – Invalid Data | * There is an invalid combination of *Clinical Coding System ID*, *Clinical Code Value* and *Diagnosis Type* in the CN record. | | RM-P62-47 | Warning | Warning – Invalid Data | * There are more than 2 current *Type A Diagnoses* in the CN record for this referral A Dual Diagnosis Team should only supply 2 current *Type A Diagnoses* perReferral. | | RM-P62-48 | Error | Error – Invalid Data | * The *Diagnosis Type* in the CN record is not a mental health diagnosis type. It should be either Type A, B or P. | | RM-P62-49 | Error | Error – Invalid Data | * A *Classification Code ID* has been used more than once in this referral. | | RM-P62-50 | Error | Error – Invalid Data | * There is no Activity Record for this Referral, therefore no Classification Record can be accepted. | | RM-P62-51 | Error | Error – Invalid Data | * The *Diagnosis Start Date Time* is a future date time. | | RM-P62-52 | Error | Error – Invalid Data | * The *Diagnosis End Date Time* is a future date time. | |
| CN Record Processing, Error and Warning Messages  (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P62-53 | Error | Error – Missing Conditional Data | * The *Diagnosis End Date Time* has not been supplied in the CN record. It must be supplied when the *Referral End Date Time* is supplied. | | RM-P62-54 | Error | Error – Missing Mandatory Data | * The mandatory data element *Clinical Coding System ID* has not been supplied in the CN record. | | RM-P62-55 | Error | Error – Missing Mandatory Data | * The mandatory data element *Diagnosis Type* has not been supplied in the CN record. | | RM-P62-56 | Error | Error – Missing Mandatory Data | * The mandatory data element *Clinical Code Value* has not been supplied in the CN record. | |

## Collection Occasion (CO) Record

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| CO Record Data Elements | The data elements of the Collection Occasion Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Collection Occasion Record (CO) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Collection Occasion ID | ID | XX (20) | M | - | | Reason for Collection | Code | AANN | M | Yes | | Collection Occasion Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | | Healthcare Worker CPN | ID | NNXXXX | O | - | | Outcome Episode ID | ID | NN (9) | O | - | | Protocol Version | Code | NNNN | O | Yes | | Focus of Care | Code | AANN | C | Yes | |

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| CO Record Code Set Elements | The data elements of the Collection Occasion Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | *Collection Occasion Record (CO) Code Set Details* | | | | Coded Data Element | Range | Description | | Reason for Collection | RC01 | New Referral for Assessment Only | | RC02 | New Referral | | RC03 | Admitted from other treatment setting | | RC04 | Admission – other | | RC05 | 3-month Review | | RC06 | Review – other | | RC07 | No further care | | RC08 | Discharge to change of treatment setting | | RC09 | Discharge – lost to care | | RC10 | Death | | RC11 | Discharge following brief episode of care | | RC12 | Discharge - other | | RC13 | Treatment start – new | | RC14 | Treatment start – other AOD service | | RC15 | Assessment only | | RC16 | Treatment review – 6 weeks | | RC17 | Treatment review – 12 weeks | | RC18 | Treatment end – routine | | RC19 | Treatment end – DNA | | RC20 | Treatment end – other AOD service | | RC21 | Treatment end – other | | Protocol Version | 0100 | Version 1.0 | | 0110 | Version 1.1 | | 0120 | Version 1.2 | | 0130 | Version 1.3 | | 0140 | Version 1.4 | | Focus of Care | FC01 | Acute | | FC02 | Functional Gain | | FC03 | Intensive Extended | | FC04 | Maintenance | | FC05 | Assessment Only | | FC08 | Not applicable | | FC09 | Not stated / Missing | | FC10 | Engagement/Assessment | | FC11 | Active treatment | | FC12 | Continuing Care | |

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| CO Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Collection\_Occasion’.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P71-01 | * The record must contain all mandatory data as identified in section 5.6.1 above. | * Collection Occasion ID * Reason For Collection * Collection Occasion Date Time | * RM-P72-01 * RM-P72-02 * RM-P72-03 | | BR-P71-02 | * The data elements must comply with the data formats identified in section 5.6.1 above. | * Collection Occasion ID * Collection Occasion Date Time * Outcome Episode ID | * RM-P72-05 * RM-P72-06 * RM-P72-07 | | BR-P71-03 | * The data elements must comply with the data code ranges identified in section 5.6.2 above. | * Reason for Collection * Protocol Version * Focus of Care | * RM-P72-08 * RM-P72-09 * RM-P72-10 | | BR-P71-04 | * The data elements date must be on or after the ‘Valid from’ date in the data set. | * Reason for Collection * Protocol Version * Focus of Care | * RM-P72-11 * RM-P72-12 * RM-P72-13 | | BR-P71-05 | * The data elements date must be on or before the ‘Valid to’ date in the data set. | * Reason for Collection * Protocol Version * Focus of Care | * RM-P72-14 * RM-P72-15 * RM-P72-16 | | BR-P71-06 | * The *Healthcare Worker CPN* must be a valid ID in the HPI. | * Healthcare Worker CPN | * RM-P72-17 | | BR-P71-07 | * The *Collection Occasion Date Time* must be on or after the *Referral Start Date Time*. | * Collection Occasion Date Time | * RM-P72-18 | | BR-P71-08 | * The *Collection Occasion Date Time* must be on or before the *Referral End Date Time*. | * Collection Occasion Date Time | * RM-P72-19 | | BR-P71-09 | * The conditional field *Focus Of Care* must be populated when the *Outcome Tool Type Version* in the OT record is one of the following: A1, G1, S1, L1 AND when the *Reason For Collection* is one of the following: RC01, RC05, RC06, RC07, RC08, RC09, RC11, RC12. | * Focus of Care | * RM-P72-20 | | BR-P71-11 | * When *Reason For Collection* is RC01 ‘Assessment Only’, *Focus Of Care* should be FC05 ‘Assessment Only’. | * Focus of Care | * RM-P72-22 | | BR-P71-13 | * *Reason for Collection* code RC01 ‘Assessment Only’ cannot be supplied by a team with a *Team Setting* of ‘I’ (Inpatient). | * Reason For Collection | * RM-P72-24 | | BR-P71-14 | * The *Collection Occasion Date/Time* must be on or after 1 July 2008. | * Collection Occasion Date Time | * RM-P72-25 | | BR-P71-15 | * The optional field *Responsible Clinician CPN* should be supplied as soon as it is available. | * Responsible Clinician CPN | * RM-P72-26 | | BR-P71-16 | * The *Collection Occasion ID* must be unique within the referral. | * Collection Occasion ID | * RM-P72-27 | | BR-P71-17 | * Each Collection Occasion Record must have one and only one Outcome Tool Record, except when the Reason for Collection is RC10 or RC11, when no Outcome Tool Record is required. | * Outcome Tool Record | * RM-P72-28 | | BR-P71-18 | * The *Collection Occasion Date Time* must not be a future date time. | * Collection Occasion Date Time | * RM-P72-29 | |

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| CO Record Processing, Error and Warning Messages(Continued) | |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P71-19 | * The Reason for Collection must be one of the following: RC13, RC14, RC15, RC16, RC17, RC18, RC19, RC20, RC21 when the Outcome Tool Type Version in the OT record is M1 | * Reason for Collection * Outcome Tool Type Version | * RM-P72-30 | | BR-P71-20 | * The Focus of Care must be one of the following: FC10, FC11, FC12 when the Outcome Tool Type Version in the OT record is M1. | * Focus of Care * Outcome Tool Type Version | * RM-P72-31 | |

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| CO Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Collection\_Occasion:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P72-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Collection Occasion ID* has not been supplied in the CO record. | | RM-P72-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Reason For Collection* has not been supplied in the CO record. | | RM-P72-03 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Collection Occasion Date Time* has not been supplied in the CO record. | | RM-P72-05 | Error | Error – Incorrect Data Format | * The *Collection Occasion ID* supplied in the CO record does not comply with the correct data format. | | RM-P72-06 | Error | Error – Incorrect Data Format | * The *Collection Occasion Date Time* supplied in the CO record does not comply with the correct data format. | | RM-P72-07 | Error | Error – Incorrect Data Format | * The *Outcome Episode ID* supplied in the CO record does not comply with the correct data format. | | RM-P72-08 | Error | Error – Incorrect Code Range | * The *Reason For Collection* in the CO recordis not within the correct code range. | | RM-P72-09 | Error | Error – Incorrect Code Range | * The *Protocol Version* in the CO recordis not within the correct code range. | | RM-P72-10 | Error | Error – Incorrect Code Range | * The *Focus Of Care* in the CO recordis not within the correct code range | | RM-P72-11 | Error | Error – Invalid Data | * The *Reason For Collection* code in the CO recordis before the ’Valid From Date” in the code set. | | RM-P72-12 | Error | Error – Invalid Data | * The *Protocol Version* code in the CO recordis before the ’Valid From Date” in the code set. | | RM-P72-13 | Error | Error – Invalid Data | * The *Focus Of Care* code in the CO recordis before the ’Valid From Date” in the code set. | | RM-P72-14 | Error | Error – Invalid Data | * The *Reason For Collection* code in the CO recordis after the ’Valid To Date” in the code set. | | RM-P72-15 | Error | Error – Invalid Data | * The *Protocol Version* code in the CO recordis after the ’Valid To Date” in the code set. | | RM-P72-16 | Error | Error – Invalid Data | * The *Focus Of Care* code in the CO recordis after the ’Valid To Date” in the code set. | | RM-P72-17 | Error | Error – Invalid Data | * The *Healthcare Worker CPN* supplied in the CO record is not a valid ID in the HPI. | | RM-P72-18 | Error | Error – Invalid Data | * The *Collection Occasion Date Time* is before the *Referral Start Date Time*. | | RM-P72-19 | Error | Error – Invalid Data | * The *Collection Occasion Date Time* is after the *Referral End Date Time*. | | RM-P72-20 | Error | Error – Missing Conditional Data | * The conditional data element *Focus Of Care* has not been supplied in the CO record. It should always be supplied when the field *Outcome Tool Type Version* is populated with one of the following in the OT record: A1, G1, S1, L1 AND the *Reason For Collection* is one of the following: RC01, RC05, RC06, RC07, RC08, RC09, RC11, RC12. | |

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| CO Record Processing, Error and Warning Messages (Continued) | The following business rule responses are continued for the process ‘Validate Collection Occasion Record’:   |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P72-22 | Warning | Warning – Invalid Data | * The *Reason For Collection* in the CO record is RC01 (Assessment Only) therefore the *Focus of Care* should be FC05 (Assessment Only). | | RM-P72-24 | Error | Error – Invalid Data | * The *Reason For Collection* RC01 in the CO record is not valid for a Team with a *Team Setting* of ‘I’ (Inpatient). | | RM-P72-25 | Error | Error – Invalid Data | * The *Collection Occasion Date/Time* is before 1 July 2008. | | RM-P72-26 | Warning | Warning – Missing  Optional Data | * The optional data element *Healthcare Worker CPN* has not been supplied in the CO record. Please supply the CPN when it is available. | | RM-P72-27 | Error | Error – Invalid Data | * A *Collection Occasion ID* has been used more than once in this referral. | | RM-P72-28 | Error | Error – Invalid Data | * There must be one and only one Outcome Tool Record against each Collection Occasion Record, except where the Reason for Collection is RC10 or RC11, when no Outcome Tool Record is required. | | RM-P72-29 | Error | Error – Invalid Data | * The *Collection Occasion Date Time* is a future date time. | | RM-P72-30 | Error | Error – Incorrect Code Range | * The *Reason for Collection* in the CO record should be one of the following: RC13, RC14, RC15, RC16, RC17, RC18, RC19, RC20, RC21 when the *Outcome Tool Type Version* in the OT record is M1. | | RM-P72-31 | Error | Error – Incorrect Code Range | * The *Focus of Care* in the CO record should be one of the following: FC10, FC11, FC12 when the *Outcome Tool Type Version* in the OT record is M1. | |

## Outcome Tool (OT) Record

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| OT Record Data Elements | The data elements of the Outcome Tool Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Outcome Tool Record (OT) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Outcome Tool Type Version | Code | AN | M | Yes | | Mode of Administration | Code | AANN | M | Yes | | Collection Status | Code | AANN | M | Yes | | Completion Date Time | Date | CCYY-MM-DDTHH:MM:SS | M | - | |

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| OT Record Code Set Elements | The data elements of the Outcome Tool Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | *Outcome Tool Record (OT) Code Set Details* | | | | Coded Data Element | Range | Description | | Outcome Tool Type Version | A1 | HoNOS | | G1 | HoNOS65+ | | S1 | HoNOS Secure | | L1 | HoNOS LD | | I1 | HoNOSI | | C1 | HoNOSCA | | M1 | ADOM | | Z1 | No Outcome Tool Used | | Mode of Administration | MA01 | Clinical rating completed following clinical assessment | | MA02 | Clinical rating completed no clinical assessment (eg tangata whaiora/consumer unable to be located) | | MA03 | Self-report completed by tangata whaiora/consumer using a paper and pencil format | | MA04 | Self- report completed by tangata whaiora/consumer using a computer-based format | | MA05 | Self-report read to tangata whaiora/consumer by clinician | | MA06 | Self-report read to tangata whaiora/consumer by translator | | MA08 | Not Applicable (collection not required due to protocol exclusion/refusalother reasons) | | MA09 | Not stated / Missing | | Collection Status | CS01 | Complete or partially complete | | CS02 | Not completed due to temporary contraindication (applies only to self–report measures) | | CS03 | Not completed due to general exclusion (applies only to self–report measures) | | CS04 | Not completed due to refusal by consumer (applies only to self–report measures) | | CS07 | Not completed for reasons not elsewhere classified | | CS08 | Not completed due to protocol exclusion (e.g. Collection not required at admission immediately following inpatient discharge) | | CS09 | Not stated/Missing | |

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| OT Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Outcome\_Tool’.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P81-01 | * The record must contain all mandatory data as identified in section 5.7.1 above. | * Outcome Tool Type Version * Mode Of Administration * Collection Status * Completion Date | * RM-P82-01 * RM-P82-02 * RM-P82-03 * RM-P82-04 | | BR-P81-02 | * The data elements must comply with the data formats identified in section 5.7.1 above. | * Completion Date | * RM-P82-05 | | BR-P81-03 | * The data elements must comply with the data code ranges identified in section 5.7.2 above. | * Outcome Tool Type Version * Mode Of Administration * Collection Status | * RM-P82-06 * RM-P82-07 * RM-P82-08 | | BR-P81-04 | * The data elements date must be on or after the ‘Valid from’ date in the data set. | * Outcome Tool Type Version * Mode Of Administration * Collection Status | * RM-P82-09 * RM-P82-10 * RM-P82-11 | | BR-P81-05 | * The data elements date must be on or before the ‘Valid to’ date in the data set. | * Outcome Tool Type Version * Mode Of Administration * Collection Status | * RM-P82-12 * RM-P82-13 * RM-P82-14 | | BR-P81-06 | * The *Completion Date Time* in the OT record must be on or after the *Collection Occasion Date Time* in the CO record*.* | * Completion Date Time | * RM-P82-15 | | BR-P81-07 | * The *Completion Date Time* must not be a future date time | * Completion Date Time | * RM-P82-16 | | BR-P81-08 | * HoNOS Secure and HoNOS LD outcomes must be reported on applicable referrals on or after 1 July 2012. | * Outcome Tool Type Version |  | | BR-P81-09 | * ADOM outcomes must be reported on applicable referrals reported on or after 1 July 2015. | * Outcome Tool Type Version |  | | BR-P81-10 | HoNOSI outcomes must be reported on applicable referrals on or after 1 July 2023. | * Outcome Tool Type Version |  | |

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| OT Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Outcome\_Tool:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P82-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Outcome Tool Type Version* has not been supplied in the OT record. | | RM-P82-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Mode Of Administration* has not been supplied in the OT record. | | RM-P82-03 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Collection Status* has not been supplied in the OT record. | | RM-P82-04 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Completion Date Time* has not been supplied in the OT record. | | RM-P82-05 | Error | Error – Incorrect Data Format | * The *Completion Date Time* supplied in the OT record does not comply with the correct data format. | | RM-P82-06 | Error | Error – Incorrect Code Range | * The *Outcome Tool Type Version* in the OT recordis not within the correct code range. | | RM-P82-07 | Error | Error – Incorrect Code Range | * The *Mode Of Administration* in the OT recordis not within the correct code range. | | RM-P82-08 | Error | Error – Incorrect Code Range | * The *Collection Status* in the OT recordis not within the correct code range. | | RM-P82-09 | Error | Error – Invalid Data | * The *Outcome Tool Type Version* code in the OT recordis before the ’Valid From Date” in the code set. | | RM-P82-10 | Error | Error – Invalid Data | * The *Mode Of Administration* code in the OT recordis before the ’Valid From Date” in the code set. | | RM-P82-11 | Error | Error – Invalid Data | * The *Collection Status* code in the OT recordis before the ’Valid From Date” in the code set. | | RM-P82-12 | Error | Error – Invalid Data | * The *Outcome Tool Type Version* code in the OT recordis after the ’Valid To Date” in the code set. | | RM-P82-13 | Error | Error – Invalid Data | * The *Mode Of Administration* code in the OT recordis after the ’Valid To Date” in the code set. | | RM-P82-14 | Error | Error – Invalid Data | * The *Collection Status* code in the OT recordis after the ’Valid To Date” in the code set. | | RM-P82-15 | Error | Error – Invalid Data | * The *Completion Date Time* in the OT record is before the *Collection Occasion Date Time* in the CO record. | | RM-P82-16 | Error | Error – Invalid Data | * The *Completion Date Time* is a future date time. | |

## Outcome Item (OI) Record

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| OI Record Data Elements | The data elements of the Outcome Item Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Outcome Item Record (OI) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Outcome Item Code | Code | XXX | M | Yes | | Outcome Item Value | Code | XX | M | Yes | |

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| OI Record Code Set Elements | The data elements of the Outcome Item Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | *Outcome Item Record (OI) Code Set Details* | | | | Coded Data Element | Range | Description | | Outcome Item Code | è | Refer to *Outcome Item Code* section in the HISO 10023.3 PRIMHD Code Set. | | Outcome Item Value | è | Refer to *Outcome Item Value* section in the HISO 10023.3 PRIMHD Code Set. | |

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| OI Record Business Rules | The following business rules apply to the data associated with the process ‘Validate Outcome\_Item’.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P91-01 | * The record must contain all mandatory data as identified in section 5.8.1 above. | * Outcome Item Code * Outcome Item Value | * RM-P92-01 * RM-P92-03 | | BR-P91-02 | * The data elements must comply with the data code ranges identified in section 5.8.2 above. | * Outcome Item Code * Outcome Item Value | * RM-P92-04 * RM-P92-06 | | BR-P91-03 | * The data elements date must be on or after the ‘Valid from’ date in the data set. | * Outcome Item Value | * RM-P92-08 | | BR-P91-04 | * The data elements date must be on or before the ‘Valid to’ date in the data set. | * Outcome Item Value | * RM-P92-10 | | BR-P91-05 | * When the *Outcome Tool Type and Version* in the OT record is A1 (HoNOS) the following Outcome Item Codes must be populated: 01, 02, 03, 04, 05, 06, 07, 08, 08a, 09, 10, 11, 12. | * Outcome Tool Type * Outcome Item Code | * RM-P92-11 * RM-P92-11 | | BR-P91-06 | * When the *Outcome Tool Type and Version* in the OT record is G1 (HoNOS65+) the following Outcome Item Codes must be populated: 01, 02, 03, 04, 05, 06, 07, 08, 08a, 09, 10, 11, 12. | * Outcome Tool Type * Outcome Item Code | * RM-P92-11 * RM-P92-11 | | BR-P91-07 | * When the *Outcome Tool Type and Version* is S1 (HoNOS Secure) the following Outcome Item Codes must be populated: 01, 02, 03, 04, 05, 06, 07, 08, 08a, 09, 10, 11, 12, SA, SB, SC, SD, SE, SF, SG. | * Outcome Tool Type * Outcome Item Code | * RM-P92-11 * RM-P92-11 | |

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| OI Record Business Rules (Continued) | The following business rules apply to the data associated with the process ‘Validate Outcome\_Item’.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P91-08 | * When the *Outcome Tool Type and Version* is L1 (HoNOS LD) the following Outcome Item Codes must be populated: 01, 02, 03, 03a, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18. | * Outcome Tool Type * Outcome Item Code | * RM-P92-11 * RM-P92-11 | | BR-P91-09 | * When the *Outcome Tool Type and Version* is C1 (HoNOSCA) the following Outcome Item Codes must be populated: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15. | * Outcome Tool Type * Outcome Item Code | * RM-P92-11 * RM-P92-11 | | BR-P91-10 | * If the *Collection Status* in the Outcome Tool record is CS01 and the Outcome Tool Type in the OT Record is one of the following: A1, G1, S1, L1, C1, I1 Z1 the OI record should not contain more than 2 *Outcome Item Values* of 7 or 9. | * Outcome Item Value | * RM-P92-12 | | BR-P91-11 | * Each *Outcome Item Code* must be populated only once per Outcome Tool Record. | * Outcome Item Code | * RM-P92-13 | | BR-P91-12 | * When the Outcome Tool Type Code is M1 (ADOM) the following Outcome Item Codes must be supplied: 01, 02, 03, 04, 05, 06, 08, 09a, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23. | * Outcome Item Value * Outcome Item Code | * RM-P92-11 | | BR-P91-13 | * Both Outcome Items 07a and 07b must be submitted if either of these is submitted where the Outcome Tool Type Code is M1. | * Outcome Item | * RM-P92-14 | | BR-P91-14 | * Both Outcome Items 07c and 07d must be submitted if either of these is submitted where the Outcome Tool Type Code is M1. | * Outcome Item | * RM-P92-15 | | BR-P91-15 | * Both Outcome Items 07e and 07f must be submitted if either of these is submitted where the Outcome Tool Type Code is M1. | * Outcome Item | * RM-P92-16 | | BR-P91-16 | * Outcome Items 07c and 07d cannot be submitted if Outcome Items 07a and 07b have not been submitted where the Outcome Tool Type Code is M1. | * Outcome Item | * RM-P92-17 | | BR-P91-17 | * Outcome items 07e and 07f cannot be submitted if Outcome Items 07a and 07b or 07c and 07d have not been submitted where the Outcome Tool Type Code is M1. | * Outcome Item | * RM-P92-18 | | BR-P91-18 | * The same Outcome Item Value (other than 06 or 98 or 99) cannot be used more than once for Outcome Items 07b, 07d and 07f where the Outcome Tool Type is M1. | * Outcome Item Value * Outcome Tool Type | * RM-P92-19 | | BR-P91-19 | * The same Outcome Item Value (other than X and Z) cannot be used more than once for Outcome Items 09a, 09b and 09c where the Outcome Tool Type is M1. | * Outcome Item Value * Outcome Tool Type | * RM-P92-20 | | BR-P91-20 | * Outcome Item 09b cannot be submitted if Outcome Item 09a has not submitted where the Outcome Tool Type Code is M1. | * Outcome Item | * RM-P92-21 | |

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| **OI Record Business Rules** (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P91-21 | * Outcome Item 09c cannot be submitted if Outcome Item 09a or 09b have not been submitted where the Outcome Tool Type Code is M1. | * Outcome Item | RM-P92-22 | | BR-P91-22 | * If the Outcome Tool Type is M1, the OI record should not contain more than 2 mandatory Outcome Item values of ‘Z’ or ‘99’ where the Outcome Tool Type Code is M1. | * Outcome Item value | RM-P92-23 | | BR-P91-23 | * When the Outcome Tool Type and Version is I1 (HoNOSI) the following Outcome Item Codes must be populated: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15. | * Outcome Tool Type * Outcome Item Code | RM-P92-11  RM-P92-11 | |
| OI Record Processing, Error and Warning Messages | The following business rule responses apply to the process ‘Validate Outcome\_Item:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P92-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Outcome Item Code* has not been supplied in the OI record. | | RM-P92-03 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Outcome Item Value* has not been supplied in the OI record. | | RM-P92-04 | Error | Error – Incorrect Code Range | * The *Outcome Item Code* in the OI recordis not within the correct code range. | | RM-P92-06 | Error | Error – Incorrect Code Range | * The *Outcome Item Value* in the OI recordis not within the correct code range. | | RM-P92-08 | Error | Error – Invalid Data | * The *Outcome Item Value* code in the OI recordis before the ’Valid From Date” in the code set. | | RM-P92-10 | Error | Error – Invalid Data | * The *Outcome Item Value* code in the OI recordis after the ’Valid To Date” in the code set. | | RM-P92-11 | Error | Error – Missing Data | * The OI record is missing one or more *Outcome Item Codes.* | | RM-P92-12 | Warning | Warning – Invalid Data | * There are more than 2 ‘7’ or ‘9’ *Outcome Item Values* in the OI record. | | RM-P92-13 | Error | Error – Invalid Data | * An *Outcome Item Code* is included more than once in the results for the Outcome Tool. | | RM-P92-14 | Error | Missing Mandatory Data | * Both Outcome Items 07a and 07b must be submitted if either of these is submitted where the Outcome Tool Type Code is M1. | | RM-P92-15 | Error | Missing Mandatory Data | * Both Outcome Items 07c and 07d must be submitted if either of these is submitted where the Outcome Toll Type Code is M1. | | RM-P92-16 | Error | Missing Mandatory Data | * Both Outcome Items 07e and 07f must be submitted if either of these is submitted where the Outcome Tool Type Code is M1. | | RM-P92-17 | Error | Missing Mandatory Data | * Outcome Items 07c and 07d cannot be submitted if Outcome Items 07a and 07b have not been submitted where the Outcome Tool Type Code is M1. | | RM-P92-18 | Error | Missing Mandatory Data | * Outcome Items 07e and 07f cannot be submitted if Outcome Items 07a and 07b or 07c and 07d have not been submitted where the Outcome Tool Type Code is M1. | | RM-P92-19 | Error | Invalid Data | * The same Outcome Item Value (other than 06 or 98 or 99) cannot be used in more than one response to Outcome Items 07b, 07d or 07f where the Outcome Item Tool Type is M1. | | RM-P92-20 | Error | Invalid Data | * The same Outcome Item Value (other than X or Z) cannot be sued more than once for Outcome Items 09a, 09b or 09c where the Outcome Item Tool Type is M1. | | RM-P92-21 | Error | Missing Mandatory Data | * Outcome Item 09b cannot be submitted if Outcome item 09a has not been submitted where the Outcome Tool Type Code is M1. | | RM-P92-22 | Error | Missing Mandatory Data | * Outcome Item 09c cannot be submitted if Outcome Item 09a or 09b have not been submitted where the Outcome Tool Type Code is M1. | |
| OI Record Processing, Error and Warning Messages (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P92-23 | Warning | Invalid Data | There are more than two ‘Z’ or ‘99’ mandatory Outcome Item Values in the OI record where the Outcome Tool Type Code is M1. | |

## Supplementary Consumer (SC) Record

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| SC Record Data Elements | The data elements of the Supplementary Consumer Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Supplementary Consumer (SC) Record Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Supplementary Consumer Record ID | ID | XX (20) | M | No | | Collection Date | Date | CCYY-MM-DD | M | No | | Wellness Plan | Code | X (1) | M | Yes | | Accommodation | Code | X (1) | M | Yes | | Employment Status | Code | X (1) | M | Yes | | Education Status | Code | X (1) | M | Yes | |

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| SC Record Code Set Elements | The data elements of the Supplementary Consumer Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | *Outcome Item Record (OI) Code Set Details* | | | | Coded Data Element | Range | Description | | Wellness Plan | 1 | Yes | | 2 | No | | 7 | Unknown | | Accommodation | 1 | Independent | | 2 | Supported | | 3 | Homeless | | Employment Status | 1 | In paid employment for 30 hours or more per week | | 2 | In paid employment for 1 to fewer than 30 hours per week | | 3 | Not in paid employment – fewer than 1 hour per week | | Education Status | 1 | Yes | | 2 | No | |

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| SC Record Business Rules | The following business rules ensure the collection of valid Supplementary Consumer Records.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P121-01 | * The record must contain all mandatory data as identified in Section 5.9.1 above. | * Supplementary Consumer Record ID * Collection Date * Wellness Plan * Accommodation * Employment Status * Education Status | * RM-P122-01 * RM-P122-02 * RM-P122-03 * RM-P122-04 * RM-P122-05 * RM-P122-06 | | BR-P121-02 | * The data elements must comply with the data formats identified in section 5.9.1 above. | * Supplementary Consumer Record ID * Collection Date * Wellness Plan * Accommodation * Employment Status * Education Status | * RM-P122-07 * RM-P122-08 * RM-P122-09 * RM-P122-10 * RM-P122-11 * RM-P122-12 | | BR-P121-03 | * The data elements must comply with the data code ranges identified in Section 5.9.2 above. | * Wellness Plan * Accommodation * Employment Status * Education Status | * RM-P112-13 * RM-P122-14 * RM-P122-15 * RM-P122-16 | | BR-P121-04 | * The *Collection Date* must be on or after the ‘Valid from’ date for the values submitted from the Supplementary Consumer code sets. | * Collection Date * Wellness Plan * Accommodation * Employment Status * Education Status | * RM-P122-17 * RM-P122-19 * RM-P122-21 * RM-P122-23 | | BR-P121-05 | * The *Collection Date* must be on or before the ‘Valid to’ date for the values submitted from the Supplementary Consumer code sets. | * Collection Date * Wellness Plan * Accommodation * Employment Status * Education Status | * RM-P122-18 * RM-P122-20 * RM-P122-22 * RM-P122-24 | | BR-P121-06 | * The *Collection Date* must be on or after the *Referral Start Date Time*. | * Collection Date * Referral Start Date Time | * RM-P122-25 | | BR-P121-07 | * The *Collection Date* must be on or before the *Referral End Date Time*. | * Collection Date * Referral End Date Time | * RM-P122-26 | | BR-P121-08 | * The *Collection Date* must be not be a future date. | * Collection Date | * RM-P122-27 | | BR-P121-09 | * The *Supplementary Consumer Record ID* must be unique within the referral | * Supplementary Consumer Record ID | * RM-P122-28 | | BR-P121-10  Retired | * A *Referral Discharge* record which begins on or after 1 July 2016 should contain at least one *Supplementary Consumer Record* with a *Collection Date* within 91 days of the first face-to-face *Activity Start Date Time* unless the *Referral End Code* is DD, DG, DM, ID, RI, or RO. * “*Note SCRs are not required on all referrals. See the Guidelines for more details”* | * Supplementary Consumer Record Collection Date * Activity Start Date Time | * RM-P122-29 | |
| SC Record Business Rules (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P121-11  Retired | * For each *Supplementary Consumer Record* contained within a *Referral Discharge Record* beginning on or after 1 July 2016, the *Collection Date* should be fewer than or equal to 365 days before either the collection date of another SC record or the *Referral Discharge End Date Time.* This is unless the *Referral End Code* is DD, DG, DM, ID, RI, or RO. * “*Note SCRs are not required on all referrals. See the Guidelines for more details”* | * Supplementary Consumer Record Collection Date * Referral Discharge End Date Time * Referral End Code | * RM-P122-30 | | BR-P121-12  Retired | * A *Referral Discharge Record* which begins on or after 1 July 2016 should contain a *Supplementary Consumer Record* with a *Collection Date* within 91 days before the *Referral End Date Time* for an ended referral unless the *Referral End Code* is DD, DG, DM, ID, RI, or RO. * “*Note SCRs are not required on all referrals. See the Guidelines for more details”* | * Supplementary Consumer Record Collection Date * Referral End Date Time | * RM-P122-31 | | BR-P121-13 | * A *Referral Discharge Record* may not containmore than one *Supplementary Consumer* *Record* with the same *Collection Date*. | * Collection Date | * RM-P122-32 | |

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| SC Record Processing Error and Warning Messages | The following business rule responses may arise in ensuring the collection of valid Supplementary Consumer Records.  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P122-01 | Error | Error – Missing Mandatory Data | * The mandatory data element *Supplementary Consumer ID* has not been supplied in the SC record. | | RM-P122-02 | Error | Error – Missing Mandatory Data | * The mandatory data element *Collection Date* has not been supplied in the SC record. | | RM-P122-03 | Error | Error – Missing Mandatory Data | * The mandatory data element *Wellness Plan*  has not been supplied in the SC record. | | RM-P122-04 | Error | Error – Missing Mandatory Data | * The mandatory data element *Accommodation* has not been supplied in the SC record. | | RM-P122-05 | Error | Error – Missing Mandatory Data | * The mandatory data element *Employment Status* has not been supplied in the SC record. | | RM-P122-06 | Error | Error –Missing Mandatory Data | * The mandatory data element *Education Status* has not been supplied in the SC record. | | RM-P122-07 | Error | Error – Incorrect Data Format | * The *Supplementary Consumer Record ID* supplied in the SC record does not comply with the correct data format. | | RM-P122-08 | Error | Error – Incorrect Data Format | * The *Collection Date* supplied in the SC record does not comply with the correct data format. | | RM-P122-09 | Error | Error – Incorrect Data Format | * The *Wellness Plan* supplied in the SC record does not comply with the correct data format. | | RM-P122-10 | Error | Error – Incorrect Data Format | * The *Accommodation* supplied in the SC record does not comply with the correct data format. | | RM-P122-11 | Error | Error – Incorrect Data Format | * The *Employment Status* supplied in the SC record does not comply with the correct data format. | | RM-P122-12 | Error | Error –Incorrect Data Format | * The *Education Status* supplied in the SC record does not comply with the correct data format. | | RM-P122-13 | Error | Error – Incorrect Code Range | * The *Wellness Plan* in the SC record is not within the correct code range. | | RM-P122-14 | Error | Error – Incorrect Code Range | * The *Accommodation* in the SC record is not within the correct code range. | | RM-P122-15 | Error | Error – Incorrect Code Range | * The *Education Status* in the SC record is not within the correct code range. | | RM-P122-16 | Error | Error – Incorrect Code Range | * The *Employment Status* in the SC record is not within the correct code range. | | RM-P122-17 | Error | Error – Invalid Data | * The *Collection Date* in the SC record is before the ‘Valid From Date’ for the submitted *Wellness Plan* code. | | RM-P122-18 | Error | Error – Invalid Data | * The *Collection Date* in the SC record is after the ‘Valid To Date’ for the submitted *Wellness Plan* code. | | RM-P122-19 | Error | Error – Invalid Data | * The *Collection Date* in the SC record is before the ‘Valid From Date’ for the submitted *Accommodation* code. | | RM-P122-20 | Error | Error – Invalid Data | * The *Collection Date* in the SC record is after the ‘Valid To Date’ for the submitted *Accommodation* code. | | RM-P122-21 | Error | Error – Invalid Data | * The *Collection Date* in the SC record is before the ‘Valid From Date’ for the submitted *Employment Status* code. | |

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| SC Record Processing Error and Warning Messages (Continued) | |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P122-22 | Error | Error – Invalid Data | The *Collection Date* in the SC record is after the ‘Valid To Date’ for the submitted *Employment Status* code. | | RM-P122-23 | Error | Error – Invalid Data | The *Collection Date* in the SC record is before the ‘Valid From Date’ for the submitted *Education Status* code. | | RM-P122-24 | Error | Error – Invalid Data | The *Collection Date* in the SC record is after the ‘Valid To Date’ for the submitted *Education Status* code. | | RM-P122-25 | Error | Error – Invalid Data | The *Collection Date* in the SC record is before the *Referral Start Date Time*. | | RM-P122-26 | Error | Error – Invalid Data | The *Collection Date* in the SC record is after the *Referral End Date Time*. | | RM-P122-27 | Error | Error – Invalid Data | The *Collection Date* in the SC record is a future date time. | | RM-P122-28 | Error | Error – Invalid Data | The *Supplementary Consumer Record ID* has been used more than once in this referral. | | RM-P122-29  Retired | Warning | Warning – Missing Data | The RD record does not contain any SC records with a *Collection Date* within 91 days of the first face-to-face *AT record.* Note SCRs are not required on all referrals. See the Guidelines for more details | | RM-P122-30  Retired | Warning | Warning – Missing Data | The RD record does not contain a new SCrecord for each year that the RD record spans. Note SCRs are not required on all referrals. See the Guidelines for more details | | RM-P122-31  Retired | Warning | Warning – Missing Data | The RD record does not contain a SC record with a *Collection Date* within 91 days before the *Referral Discharge End Date Time.* Note SCRs are not required on all referrals. See the Guidelines for more details | | RM-P122-32 | Error | Error – Invalid Data | There is more than one SC record with the same collection date for this RD record. | |

## Team (TR) Record

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| TR Record Data Elements | The data elements of the Team Record are listed below.  Table Key: M = Mandatory. O = Optional. C = Conditional.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Team Record (TR) Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | File Version | ID | N.N | M | Yes | | Submitting Org ID | ID | GXXNNN-C | M | - | | Service Provider Organisation ID | ID | GXXNNN-C | M | - | | Team Code | ĪD | XXXXXX | M | Yes | | Team Name | ID | XX (Free Text 255) | M | - | | Team Type | Code | NNNN | M | Yes | | Team Setting | Code | A | M | Yes | | Team Service Type | Code | AA | M | Yes | | Team Target Population | Code | N | M | Yes | | Facility ID | ID | FXXNNN-C | M | - | | Team Open Date | Date | CCYY-MM-DD | M | - | | Team Close Date | Date | CCYY-MM-DD | O | - | | Comments | ID | XX (Free Text 255) | O | - | | Contract ID | ID | NNNNNN-NN | C | - | | Provider ID | ID | NNNNNN | C | - | |

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| TR Record Code Set Elements | The data elements of the Team Record that have coded values are listed below.   |  |  |  | | --- | --- | --- | | ***Team Record (TR) Code Set Details*** | | | | Coded Data Element | Range | Description | | File Version | 1.0 | Version 1.0 | | 2.0 | Version 2.0 | | 2.1 | Version 2.1 | | 2.2 | Version 2.2 | | 2.3 | Version 2.3 | | 2.4 | Version 2.4 | | Team Code | è | Refer to *Team Code* section in HISO PRIMHD Code set. | | Team Type | è | Refer to *Team Type* section in HISO PRIMHD Code set. | | Team Setting | A | Primary Health based | | C | Community based | | E | Education Sector | | G | Hospital based | | I | Inpatient based | | J | Court | | M | Mixed | | O | Online/Web based | | P | Prison/police | | R | Residential Facility based | | Team Service Type | FM | Family/whānau Services | | KM | Kaupapa Māori Service | | NC | Mainstream Service | | OC | Other Cultural Service | | PI | Pacific Peoples Service | | AC | Asian People Service | | CD | Tangata whaiora/consumer-driven Service | | PD | Profoundly Deaf Service | | RE | Refugee Service | | Team Target Population | 1 | Older People Population | | 2 | Adult Population | | 3 | Infant, Child and Youth Population | | 4 | Child and Youth Population | | 5 | Infant and Child Population | | 6 | Mixed Population | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| TR Record Business Rules | A Team consists of a person or a functionally discrete grouping of people providing mental health and addiction services. Team records are maintained by Health NZ.  The following data requirements apply to the Team Record:   1. Each Team will have a single unique Team Code to identify the record. 2. Team Records are maintained by Health NZ. 3. PRIMHD will retain a history of team information.  |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | BR-P101-01 | * The record must contain all mandatory data as identified in section 5.9.1 above. | * File Version * Organisation ID * Team Code * Team Name * Team Type * Team Setting * Team Service Type * Team Target Population * Facility ID * Team Open Date * Submitting Org ID | * RM-P102-01 * RM-P102-02 * RM-P102-03 * RM-P102-04 * RM-P102-05 * RM-P102-06 * RM-P102-07 * RM-P102-08 * RM-P102-09 * RM-P102-11 * RM-P102-48 | | BR-P101-02 | * The data elements must comply with the data formats identified in section 5.9.1 above. | * Team Name * Team Open Date * Team Close Date * Comments * Contract ID * Provider ID | * RM-P102-16 * RM-P102-17 * RM-P102-18 * RM-P102-19 * RM-P102-20 * RM-P102-21 | | BR-P101-03 | * The data elements must comply with the data code ranges identified in section 5.9.2 above. | * File Version * Team Type * Team Setting * Team Service Type * Team Target Population * Agency Code | * RM-P102-22 * RM-P102-24 * RM-P102-25 * RM-P102-26 * RM-P102-27 * RM-P102-28 | | BR-P101-06 | * The *Organisation ID* must be a valid ID in the HPI. | * Organisation ID | * RM-P102-39 | | BR-P101-07 | * The *Facility ID* must be a valid ID in the HPI. | * Facility ID | * RM-P102-40 | | BR-P101-08 | * *The Team Close Date* must be on or after the *Team Open Date.* | * Team Open Date * Team Close Date | * RM-P102-41 * RM-P102-41 | | BR-P101-09 | * The Team Type and Activity Type should be a valid combination as listed in the matrix in section 5.9.5. | * Team Type * Activity Type | * RM-P102-42 * RM-P102-42 | | BR-P101-10 | * The conditional data elements must be supplied when the Organisation Type is not 001 (DHB). | * Contract ID * Provider ID | * RM-P102-43 * RM-P102-44 | | BR-P101-11 | * Only Health NZ can submit Team Records. | * Team Record | * RM-P102-45 | | BR-P101-12 | * The Team Open Date must not be a future date. | * Team Open Date | * RM-P102-46 | | BR-P101-13 | * The Team Close Date must not be a future date. | * Team Close Date | * RM-P102-47 | |

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| TR Record Processing, Error and Warning Messages | The following business rule responses apply to the Team Record Information:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P102-01 | Error | Error – Missing  Mandatory Data | * The mandatory data element *File Version* has not been supplied in the TR record. | | RM-P102-02 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Organisation ID* has not been supplied in the TR record. | | RM-P102-03 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Code* has not been supplied in the TR record. | | RM-P102-04 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Name* has not been supplied in the TR record. | | RM-P102-05 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Type* has not been supplied in the TR record. | | RM-P102-06 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Setting* has not been supplied in the TR record. | | RM-P102-07 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Service Type* has not been supplied in the TR record. | | RM-P102-08 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Target Population* has not been supplied in the TR record. | | RM-P102-09 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Facility ID* has not been supplied in the TR record. | | RM-P102-11 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Team Open Date* has not been supplied in the TR record. | | RM-P102-16 | Error | Error – Incorrect Data Format | * The *Team Name* supplied in the TR record does not comply with the correct data format. | | RM-P102-17 | Error | Error – Incorrect Data Format | * The *Team Open Date* supplied in the TR record does not comply with the correct data format. | | RM-P102-18 | Error | Error – Incorrect Data Format | * The *Team Close Date* supplied in the TR record does not comply with the correct data format. | | RM-P102-19 | Error | Error – Incorrect Data Format | * The *Comments* supplied in the TR record does not comply with the correct data format. | | RM-P102-20 | Error | Error – Incorrect Data Format | * The *Contract ID* supplied in the TR record does not comply with the correct data format. | | RM-P102-21 | Error | Error – Incorrect Data Format | * The *Provider ID* supplied in the TR record does not comply with the correct data format. | | RM-P102-22 | Error | Error – Incorrect Code Range | * The *File Version* in the TR recordis not within the correct code range. | |

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| TR Record Processing, Error and Warning Messages (Continued) | The following business rule responses are continued for the Team Record Information:   |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P102-24 | Error | Error – Incorrect Code Range | * The *Team Type* in the TR recordis not within the correct code range. | | RM-P102-25 | Error | Error – Incorrect Code Range | * The *Team Setting* in the TR recordis not within the correct code range. | | RM-P102-26 | Error | Error – Incorrect Code Range | * The *Team Service Type* in the TR recordis not within the correct code range. | | RM-P102-27 | Error | Error – Incorrect Code Range | * The *Team Target Population* in the TR recordis not within the correct code range. | | RM-P102-28 | Error | Error – Incorrect Code Range | * The *Agency Code* in the TR recordis not within the correct code range. | | RM-P102-39 | Error | Error – Invalid Data | * The *Organisation ID* supplied in the TR record is not a valid ID in the HPI. | | RM-P102-40 |  | Error – Invalid Data | * The *Facility ID* supplied in the TR record is not a valid ID in the HPI. | | RM-P102-41 | Error | Error – Invalid Data | * The *Team Close Date* is before the *Team Open Date*. | | RM-P102-42 | Warning | Warning – Invalid Team Type / Activity Type Combination | * There is an invalid *Activity Type* in the AT Record for this *Team Type.* | | RM-P102-43 | Error | Error – Missing  Conditional Data | * The conditional data element *Contract ID* has not been supplied. It must be supplied when the *Organisation Type* is not 001 (DHB) | | RM-P102-44 | Error | Error – Missing  Conditional Data | * The conditional data element *Provider ID* has not been supplied. It must be supplied when the *Organisation Type* is not 001 (DHB) | | RM-P102-45 | Error | Error – Invalid Data | * You are not authorised to submit Team Records. Only Health NZ can submit Team Records. | | RM-P102-46 | Error | Error – Invalid Data | * The *Team Open Date* is a future date. | | RM-P102-47 | Error | Error – Invalid Data | * The *Team Close Date* is a future date. | | RM-P102-48 | Error | Error – Missing  Mandatory Data | * The mandatory data element *Submitting Org ID* has not been supplied in the TR record. | |

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| Team Type and Activity Type Matrix | The matrix on the next five pages identifies which Activity Type each different Team Type can report: |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Activity Type** | **Team Type** | | | | | | | **01 Inpatient** | **02**  **Community** | **03**  **A&D** | **04**  **Child, Ad Family - Retired** | **05**  **Forensic** | **06**  **Kaupapa Māori - Retired** | | T01 Crisis Attendances |  | x | x |  | x |  | | T02 Intensive Bed | x |  | x |  |  |  | | T03 Acute Bed | x |  | x |  |  |  | | T04 Sub-Acute Bed | x |  | x |  |  |  | | T05 Crisis Respite Bed | x |  | x |  |  |  | | T06 - Retired |  |  |  |  |  |  | | T07 Group Attendances |  | x | x |  | x |  | | T08 Care Coordination |  | x | x |  | x |  | | T09 - Retired |  |  |  |  |  |  | | T10 Completed Needs Assessment |  | x | x |  | x |  | | T11 Maximum Secure Bed |  |  |  |  | x |  | | T12 Medium Secure Bed |  |  |  |  | x |  | | T13 Minimum Secure Bed |  |  |  |  | x |  | | T14 Forensic Pre Discharge Bed |  |  |  |  | x |  | | T15 Court Liaison Attendance |  | x | x |  | x |  | | T16 Substance Abuse Detox Bed | x |  | x |  |  |  | | T17 Substance Abuse Attendance |  |  | x |  |  |  | | T18 Methadone Attendance |  |  | x |  |  |  | | T19 Methadone Attendance GP |  |  | x |  |  |  | | T20 Substance Abuse Res. Bed |  |  | x |  |  |  | | T21 Psychiatric Rehab. Bed | x |  |  |  |  |  | | T22 Day Treatment Programme |  | x | x |  | x |  | | T23 Day Activity Programme |  | x | x |  | x |  | | T24 Work Opportunities Prog. |  | x | x |  | x |  | | T25 - Retired |  |  |  |  |  |  | | T26 - Retired |  |  |  |  |  |  | | T27 Residential bed with responsive night support |  |  |  |  |  |  | | T28 Residential bed with awake night support |  |  |  |  |  |  | | T29 Residential Long Term Bed |  |  | x |  |  |  | | T30 Respite Bed | x |  | x |  | x |  | | T31 - Retired |  |  |  |  |  |  | | T32 Contact with Family |  | x | x |  | x |  | | T33 Seclusion | x |  | x |  | x |  | | T34 ECT | x |  | x |  | x |  | | T35 Did Not Attend | x | x | x |  | x |  | | T36 - Retired |  |  |  |  |  |  | | T37 Leave | x |  | x |  | x |  | | T38 Māori Specific |  | x | x |  | x |  | | T39 Māori and Clinical |  | x | x |  | x |  | | T40 Pacific |  | x | x |  | x |  | | T41 Other Cultural |  | x | x |  | x |  | | T42 - Retired |  |  |  |  |  |  | | T43 Community Support Contract |  | x | x |  | x |  | | T44 Advocacy |  | x | x |  | x |  | | T45 Peer Support |  | x | x |  | x |  | | T46 Triage/screening |  | x | x |  | x |  | | T47 Support for family/whānau |  | x | x |  | x |  | | T48 Co-existing disorders Res Bed |  |  | x |  |  |  | | T49 Support for COPMIA |  | x | x |  | x |  | | T50 Support for parents with Mental Illnesses and Addictions |  | x | x |  | x |  | | T51 Integrated Pacific and clinical interventions |  | x | x |  |  | x | | T52 Health Coach |  |  |  |  |  |  | | T53 Individual treatment attendance |  | x | x |  | x |  | | |

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| **Activity Type** | **Team Type** | | | | | |
| **07 Pacific Peoples - Retired** | **08**  **Residential** | **09**  **Comm Skills - Retired** | **10**  **A & D Kaupapa - Retired** | **11**  **Co-existing Problems** | **12**  **Intellectual Dis. Dual** |
| T01 Crisis Attendances |  |  |  |  | x | x |
| T02 Intensive Bed |  |  |  |  | x | x |
| T03 Acute Bed |  |  |  |  | x | x |
| T04 Sub-Acute Bed |  |  |  |  | x | x |
| T05 Crisis Respite Bed |  | x |  |  | x | x |
| T06 - Retired |  |  |  |  |  |  |
| T07 Group Attendances |  |  |  |  | x | x |
| T08 Care Coordination |  |  |  |  | x | x |
| T09 - Retired |  |  |  |  |  |  |
| T10 Completed Needs Assessment |  |  |  |  | x | x |
| T11 Maximum Secure Bed |  |  |  |  |  |  |
| T12 Medium Secure Bed |  |  |  |  |  |  |
| T13 Minimum Secure Bed |  |  |  |  |  |  |
| T14 Forensic Pre Discharge Bed |  | x |  |  |  |  |
| T15 Court Liaison Attendance |  |  |  |  | x | x |
| T16 Substance Abuse Detox Bed |  |  |  |  | x |  |
| T17 Substance Abuse Attendance |  |  |  |  | x |  |
| T18 Methadone Attendance |  |  |  |  | x |  |
| T19 Methadone Attendance GP |  |  |  |  | x |  |
| T20 Substance Abuse Res. Bed |  |  |  |  | x |  |
| T21 Psychiatric Rehab. Bed |  | x |  |  |  | x |
| T22 Day Treatment Programme |  |  |  |  | x | x |
| T23 Day Activity Programme |  |  |  |  | x | x |
| T24 Work Opportunities Prog. |  |  |  |  | x | x |
| T25 - Retired |  |  |  |  |  |  |
| T26 - Retired |  |  |  |  |  |  |
| T27 Residential bed with responsive night support |  | x |  |  |  |  |
| T28 Residential bed with awake night support |  | x |  |  |  |  |
| T29 Residential Long Term Bed |  | x |  |  | x | x |
| T30 Respite Bed |  | x |  |  | x | x |
| T31 - Retired |  |  |  |  |  |  |
| T32 Contact with Family |  |  |  |  | x | x |
| T33 Seclusion |  |  |  |  | x | x |
| T34 ECT |  |  |  |  | x | x |
| T35 Did Not Attend |  |  |  |  | x | x |
| T36 - Retired |  |  |  |  |  |  |
| T37 Leave |  | x |  |  | x | x |
| T38 Māori Specific |  |  |  |  | x | x |
| T39 Māori and Clinical |  |  |  |  | x | x |
| T40 Pacific |  |  |  |  | x | x |
| T41 Other Cultural |  |  |  |  | x | x |
| T42 - Retired |  |  |  |  |  |  |
| T43 Community Support Contract |  |  |  |  | x | x |
| T44 Advocacy |  |  |  |  | x | x |
| T45 Peer Support |  |  |  |  | x | x |
| T46 Triage/screening |  | x |  |  | x | x |
| T47 Support for family/whānau |  |  |  |  | x | x |
| T48 Co-existing disorders Res Bed |  | x |  |  | x |  |
| T49 Support for COPMIA |  |  |  |  | x | x |
| T50 Support for parents with Mental Illness and Addictions |  |  |  |  | x | x |
| T51 Integrated Pacific and clinical interventions |  |  |  |  | x | x |
| T52 Health Coach |  |  |  |  |  |  |
| T53 Individual treatment attendance |  |  |  |  | x | x |

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| **Activity Type** | **Team Type** | | | | | |
| **13**  **Psycho-geriatric - Retired** | **14**  **Youth** | **15**  **Maternal** | **16**  **Eating Disorder** | **17**  **Needs Assessment** | **18**  **Psycho-therapy** |
| T01 Crisis Attendances |  | x | x | x | x | x |
| T02 Intensive Bed |  | x | x | x |  |  |
| T03 Acute Bed |  | x | x | x |  |  |
| T04 Sub-Acute Bed |  | x | x | x |  |  |
| T05 Crisis Respite Bed |  | x | x | x |  |  |
| T06 - Retired |  |  |  |  |  |  |
| T07 Group Attendances |  | x | x | x |  | x |
| T08 Care Coordination |  | x | x | x | x | x |
| T09 - Retired |  |  |  |  |  |  |
| T10 Completed Needs Assessment |  | x | x | x | x | x |
| T11 Maximum Secure Bed |  |  |  |  |  |  |
| T12 Medium Secure Bed |  |  |  |  |  |  |
| T13 Minimum Secure Bed |  |  |  |  |  |  |
| T14 Forensic Pre Discharge Bed |  |  |  |  |  |  |
| T15 Court Liaison Attendance |  | x | x | x |  |  |
| T16 Substance Abuse Detox Bed |  |  |  |  |  |  |
| T17 Substance Abuse Attendance |  |  |  |  |  |  |
| T18 Methadone Attendance |  |  |  |  |  |  |
| T19 Methadone Attendance GP |  |  |  |  |  |  |
| T20 Substance Abuse Res. Bed |  |  |  |  |  |  |
| T21 Psychiatric Rehab. Bed |  |  |  |  |  |  |
| T22 Day Treatment Programme |  | x | x | x |  | x |
| T23 Day Activity Programme |  | x | x | x |  | x |
| T24 Work Opportunities Prog. |  | x | x | x |  | x |
| T25 - Retired |  |  |  |  |  |  |
| T26 - Retired |  |  |  |  |  |  |
| T27 Residential bed with responsive night support |  |  |  |  |  |  |
| T28 Residential bed with awake night support |  |  |  |  |  |  |
| T29 Residential Long Term Bed |  | x | x | x |  |  |
| T30 Respite Bed |  | x | x | x |  |  |
| T31 - Retired |  |  |  |  |  |  |
| T32 Contact with Family |  | x | x | x | x | x |
| T33 Seclusion |  | x | x | x |  |  |
| T34 ECT |  | x | x | x |  |  |
| T35 Did Not Attend |  | x | x | x | x | x |
| T36 - Retired |  |  |  |  |  |  |
| T37 Leave |  | x | x | x |  |  |
| T38 Māori Specific |  | x | x | x | x | x |
| T39 Māori and Clinical |  | x | x | x | x | x |
| T40 Pacific |  | x | x | x | x | x |
| T41 Other Cultural |  | x | x | x | x | x |
| T42 - Retired |  |  |  |  |  |  |
| T43 Community Support Contract |  | x | x | x | x | x |
| T44 Advocacy |  | x | x | x | x | x |
| T45 Peer Support |  | x | x | x | x | x |
| T46 Triage and/or screening |  | x | x | x | x | x |
| T47 Support for family/whānau |  | x | x | x | x | x |
| T48 Co-existing disorders Res Bed |  |  |  |  |  |  |
| T49 Support for COPMIA |  | x | x | x | x | x |
| T50 Support for parents with Mental Illness and Addictions |  | x | x | x | x | x |
| T51 Integrated Pacific and clinical interventions |  | x | x | x | x | x |
| T52 Health Coach |  |  |  |  |  |  |
| T53 Individual treatment attendance |  | x | x | x | x | x |

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| **Activity Type** | **Team Type** | | | | | |
| **19**  **Deaf - Retired** | **20**  **Refugee - Retired** | **21**  **Child Youth A&D - Retired** | **22**  **Kaupapa Tamariki - Retired** | **23**  **Kaupapa Dual - Retired** | **24**  **Integrated Access & Choice** |
| T01 Crisis Attendances |  |  |  |  |  |  |
| T02 Intensive Bed |  |  |  |  |  |  |
| T03 Acute Bed |  |  |  |  |  |  |
| T04 Sub-Acute Bed |  |  |  |  |  |  |
| T05 Crisis Respite Bed |  |  |  |  |  |  |
| T06 - Retired |  |  |  |  |  |  |
| T07 Group Attendances |  |  |  |  |  | x |
| T08 Care Coordination |  |  |  |  |  | x |
| T09 - Retired |  |  |  |  |  |  |
| T10 Completed Needs Assessment |  |  |  |  |  |  |
| T11 Maximum Secure Bed |  |  |  |  |  |  |
| T12 Medium Secure Bed |  |  |  |  |  |  |
| T13 Minimum Secure Bed |  |  |  |  |  |  |
| T14 Forensic Pre Discharge Bed |  |  |  |  |  |  |
| T15 Court Liaison Attendance |  |  |  |  |  |  |
| T16 Substance Abuse Detox Bed |  |  |  |  |  |  |
| T17 Substance Abuse Attendance |  |  |  |  |  |  |
| T18 Methadone Attendance |  |  |  |  |  |  |
| T19 Methadone Attendance GP |  |  |  |  |  |  |
| T20 Substance Abuse Res. Bed |  |  |  |  |  |  |
| T21 Psychiatric Rehab. Bed |  |  |  |  |  |  |
| T22 Day Treatment Programme |  |  |  |  |  | x |
| T23 Day Activity Programme |  |  |  |  |  | x |
| T24 Work Opportunities Prog. |  |  |  |  |  | x |
| T25 - Retired |  |  |  |  |  |  |
| T26 - Retired |  |  |  |  |  |  |
| T27 Residential bed with responsive night support |  |  |  |  |  |  |
| T28 Residential bed with awake night support |  |  |  |  |  |  |
| T29 Residential Long Term Bed |  |  |  |  |  |  |
| T30 Respite Bed |  |  |  |  |  |  |
| T31 - Retired |  |  |  |  |  |  |
| T32 Contact with Family |  |  |  |  |  | x |
| T33 Seclusion |  |  |  |  |  |  |
| T34 ECT |  |  |  |  |  |  |
| T35 Did Not Attend |  |  |  |  |  | x |
| T36 - Retired |  |  |  |  |  |  |
| T37 Leave |  |  |  |  |  |  |
| T38 Māori Specific |  |  |  |  |  | x |
| T39 Māori and Clinical |  |  |  |  |  | x |
| T40 Pacific |  |  |  |  |  | x |
| T41 Other Cultural |  |  |  |  |  | x |
| T42 - Retired |  |  |  |  |  |  |
| T43 Community Support Contract |  |  |  |  |  | x |
| T44 Advocacy |  |  |  |  |  | x |
| T45 Peer Support |  |  |  |  |  | x |
| T46 Triage/screening |  |  |  |  |  | x |
| T47 Support for family/whānau |  |  |  |  |  | x |
| T48 Co-existing disorders Res Bed |  |  |  |  |  |  |
| T49 Support (COPMIA) |  |  |  |  |  | x |
| T50 Support for parents with Mental Illness and Addictions |  |  |  |  |  | x |
| T51 Integrated Pacific and clinical interventions |  |  |  |  |  | x |
| T52 Health Coach |  |  |  |  |  | x |
| T53 Individual treatment attendance |  |  |  |  |  | x |

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| **Activity Type** |  | **Team Type** | |
| **25**  **Early intervention team** | **26**  **Intellectual Disability** | **99**  **Other** |
| T01 Crisis Attendances | x | x |  |
| T02 Intensive Bed |  | x |  |
| T03 Acute Bed |  | x |  |
| T04 Sub-Acute Bed |  | x |  |
| T05 Crisis Respite Bed |  | x |  |
| T06 - Retired |  |  |  |
| T07 Group Attendances | x | x |  |
| T08 Care Coordination | x | x |  |
| T09 - Retired |  |  |  |
| T10 Completed Needs Assessment | x | x |  |
| T11 Maximum Secure Bed |  | x |  |
| T12 Medium Secure Bed |  | x |  |
| T13 Minimum Secure Bed |  | x |  |
| T14 Forensic Pre Discharge Bed |  |  |  |
| T15 Court Liaison Attendance | x | x |  |
| T16 Substance Abuse Detox Bed |  |  |  |
| T17 Substance Abuse Attendance |  |  |  |
| T18 Methadone Attendance |  |  |  |
| T19 Methadone Attendance GP |  |  |  |
| T20 Substance Abuse Res. Bed |  |  |  |
| T21 Psychiatric Rehab. Bed |  |  |  |
| T22 Day Treatment Programme | x | x |  |
| T23 Day Activity Programme | x | x |  |
| T24 Work Opportunities Prog. | x | x |  |
| T25 - Retired |  |  |  |
| T26 - Retired |  |  |  |
| T27 Residential bed with responsive night support |  |  |  |
| T28 Residential bed with awake night support |  |  |  |
| T29 Residential Long Term Bed |  | x |  |
| T30 Respite Bed |  | x |  |
| T31 - Retired |  |  |  |
| T32 Contact with Family | x | x |  |
| T33 Seclusion |  | x |  |
| T34 ECT |  | x |  |
| T35 Did Not Attend | x | x |  |
| T36 - Retired |  |  |  |
| T37 Leave |  | x |  |
| T38 Māori Specific | x | x |  |
| T39 Māori and Clinical | x | x |  |
| T40 Pacific | x | x |  |
| T41 Other Cultural | x | x |  |
| T42 - Retired |  |  |  |
| T43 Community Support Contract | x | x |  |
| T44 Advocacy | x | x |  |
| T45 Peer Support | x | x |  |
| T46 Triage/screening | x | x |  |
| T47 Support for family/whānau | x | x |  |
| T48 Co-existing disorders Res Bed |  |  |  |
| T49 Support COPMIA | x | x |  |
| T50 Support for parents with Mental Illness and Addictions | x | x |  |
| T51 Integrated Pacific and clinical interventions | x | x |  |
| T52 Health Coach |  |  |  |
| T53 Individual treatment attendance | x | x |  |

## File Naming Conventions

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| File Naming Conventions Data Elements | The data elements of the File Naming Conventions are listed below. Note that YYYYMMDD refers to the date the files were extracted.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | File Naming Convention Data Details | | | | | | Data Element | Type | Format | M/O/C | Coded | | Referral File Name | ID | RYYYYMMDD\_Org\_ID\_Referral\_ID.XML | N/A | - | | Legal Status File Name | ID | LYYYYMMDD\_Org\_ID\_Legal\_Status\_ID.XML | N/A | - | | Team File Name | ID | TYYYYMMDD\_Org\_ID\_Team\_ID.XML | N/A | - | | Zip File Name | ID | PEYYYYMMDD\_Submitting\_Org\_ID\_nnn.Zip | N/A | - |   Note: Only Health NZ may submit Team Records. |

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| File Naming Convention Code Set Elements | The data elements of the File Naming Convention that have coded values are listed below.   |  |  |  | | --- | --- | --- | | ***File Naming Convention Code Set Details*** | | | | Coded Data Element | Range | Description | | None | N/A | N/A | |

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| File Naming Convention Business Rules | The following rules identify the requirements for the File Naming Convention for successful submission of a Referral, Legal Status or Team Record to PRIMHD. References in **bold** indicate the rules that will be applied to delete records.   |  |  |  |  | | --- | --- | --- | --- | | Business Rule Reference | Business  Rule  Description | Affected  Data | Response Message Reference | | **BR-P111-01** | * The *Submitting Organisation ID* within the file must match the *Organisation ID* specified in the filename of the zip file. | * Referral File Name * Legal Status File Name | * **RM-P112-01** * **RM-P112-02** | | **BR-P111-02** | * The *Organisation ID* within the file must match the *Organisation ID* specified in the filename of the xml file. | * Referral File Name * Legal Status File Name * Team File Name | * **RM-P112-04** * **RM-P112-05** * RM-P112-06 | | **BR-P111-03** | * The *Referral ID* within the file must match the *Referral ID* specified in the filename of the xml file. | * Referral File Name | * **RM-P112-07** | | **BR-P111-04** | * The Legal Status ID within the file must match the Legal Status ID specified in the filename of the xml file. | * Legal Status File Name | * **RM-P112-08** | | BR-P111-05 | * The file type specified in the file name must match the type of contents in the file. | * File Name | * RM-P112-09 | | BR-P111-06 | * The File Name must comply with the format identified in section 5.10.1 | * File Name | * RM-P112-10 | | BR-P111-07 | * The File must conform to the appropriate xsd schema for the file type. | * File | * RM-P112-11 | | BR-P111-08 | * Referral records must be processed in date order, based on the Extracted Date. | * Referral Record | * RM-P112-12 | | BR-P111-09 | * Legal Status records must be processed in date order, based on the Extracted Date. | * Legal Status Record | * RM-P112-13 | | BR-P111-10 | * The date specified in the zip filename must be greater than or equal to the date specified in the xml filename. | * File Name | * RM-P112-14 | |

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| File Naming Convention Processing, Error and Warning Messages | The following business rule responses apply to the File Naming Convention Information:  **Important Notes:**  Response messages are intended to provide clarity around conditions where business rules are not successfully met:   1. An ‘Error’ is fatal and the process cannot proceed until corrected. 2. A ‘Warning’ means unusual conditions encountered but are acceptable. 3. A message is expected for each instance of an encountered error or warning condition.  |  |  |  |  | | --- | --- | --- | --- | | Response Message Reference | Error or  Warning | Message  Title | Response  Message | | RM-P112-01 | Error | Error - Invalid Data | * The Submitting Organisation ID (or Organisation ID in the case of no Submitting Organisation ID) within the Referral does not match the Organisation ID specified in the filename of the zip file. | | RM-P112-02 | Error | Error - Invalid Data | * The Submitting Organisation ID (or Organisation ID in the case of no Submitting Organisation ID) within the Legal Status does not match the Organisation ID specified in the filename of the zip file. | | RM-P112-04 | Error | Error - Invalid Data | * The Organisation ID within the Referral does not match the Organisation ID specified in the filename of the xml file. | | RM-P112-05 | Error | Error - Invalid Data | * The Organisation ID within the Legal Status does not match the Organisation ID specified in the filename of the xml file. | | RM-P112-06 | Error | Error - Invalid Data | * The Organisation ID within the Team Details does not match the Organisation ID specified in the filename of the xml file. | | RM-P112-07 | Error | Error - Invalid Data | * The Referral ID within the file does not match the Referral ID specified in the filename of the xml file. | | RM-P112-08 | Error | Error - Invalid Data | * The Legal Status ID within the file does not match the Legal Status ID specified in the filename of the xml file. | | RM-P112-09 | Error | Error - Invalid Data | * The file type specified in the file name does not match the actual type of file. | | RM-P112-10 | Error | Error - Invalid Data | * Invalid document file name. | | RM-P112-11 | Error | Error - Invalid Data | * The file failed xsd validation. Error messages returned are: [Appropriate Response Messages will be listed here] | | RM-P112-12 | Error | Error - Invalid Data | * A Referral Discharge record with a more recent *Extracted Date* has already been processed. | | RM-P112-13 | Error | Error - Invalid Data | * A Legal Status record with a more recent *Extracted Date* has already been processed. | | RM-P112-14 | Error | Error - Invalid Data | * The date specified in the zip filename must be greater than or equal to the date specified in the xml filename. | |

# APPENDICES

**Appendix A – PRIMHD XML Schema File Definitions**

The three PRIMHD XML schemata for REFERRAL\_DISCHARGE, LEGAL\_STATUS and TEAM\_DETAILS form an integral part of the file specification and can be downloaded from the following web address: <https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-file-specification/>

**Appendix B – Identifier Validation(s)**

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| NHI Number Validation | To establish if an NHI Number is valid or not, the provider should use the following validation routine below. |
|  | **Validation Steps**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Step** | **Description** | **Example: EPT6335** | **Example: CGC2720** | **Example: DAB8233** | | 1 | Alphabetic characters must be within the Alphabet Conversion Table (see above), that is, they aren’t ‘I’ or ‘O’. | EPT | CGC | DAB | | 2 | NNNC numbers must be numeric. | 6335 | 2720 | 8233 | | 3 | Assign first alpha character its corresponding value from the Alphabet Conversion Table and multiply value by 7. | 5\*7 = 35 | 3\*7 = 21 | 4\*7 = 28 | | 4 | Assign second alpha character its corresponding value from the Alphabet Conversion Table and multiply value by 6. | 14\*6 = 84 | 7\*6 = 42 | 1\*6 = 6 | | 5 | Assign third alpha character its corresponding value from the Alphabet Conversion Table and multiply value by 5. | 18\*5 = 90 | 3\*5 = 15 | 2\*5 = 10 | | 6 | Multiply first number by 4. | 6\*4 = 24 | 2\*4 = 8 | 8\*4 = 32 | | 7 | Multiply second number by 3. | 3\*3 = 9 | 7\*3 = 21 | 2\*3 = 6 | | 8 | Multiply third number by 2. | 3\*2 = 6 | 2\*2 = 4 | 3\*2 = 6 | | 9 | Total the results of steps 3 to 8. | 35+84+90+24+9+6 = 248 | 21+42+15+8+21+4 = 111 | 28+6+10+32+6+6 = 88 | | 10 | Apply modulus 11 to create a checksum.  NB: Excel has a modulus function MOD (n,d) where n is the number to be converted (eg the sum calculated in step 9), and d equals the modulus (in the case of the NHI this is 11). | 248/11 =22 r 6  (6 is the checksum) | 111/11 = 10 r 1  (1 is the checksum) | 88/11 = 8 r 0  (0 is the checksum) | | 11 | If checksum is ‘0’ then the NHI number is not used. | Continue to step 12 | Continue to step 12 | NHI number bad.  Continue to step 15. | | 12 | Subtract checksum from 11 to create check digit. | 11-6 = 5 | 11-1 = 10 |  | | 13 | If the check digit equals ‘10’ convert to ‘0’ | Continue to step 14 | Convert ‘10’ to ‘0’ |  | | 14 | Fourth number must equal the checksum. | 5 = 5 | 0 = 0 |  | | 15 | NHI number passes the NHI validation routine. | Yes | Yes | No (see note 1) | | ***Note 1:***  *No digit can be added to the end of DAB823 to create a valid NHI number* | | | | | |

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| NHI Number Validation (Continued) | **Alpha Conversion Table**  Use this table to determine the Alpha characters value within the NHI Validation Routine.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | A | 1 | K | 10 | U | 19 | | B | 2 | L | 11 | V | 20 | | C | 3 | M | 12 | W | 21 | | D | 4 | N | 13 | X | 22 | | E | 5 | P | 14 | Y | 23 | | F | 6 | Q | 15 | Z | 24 | | G | 7 | R | 16 |  |  | | H | 8 | S | 17 |  |  | | J | 9 | T | 18 |  |  |   This validation routine allows health and disability support services to confirm the NHI is in the correct format and that it is a valid NHI number. Its main purpose is to identify mistyped NHI numbers.  The validation routine does not confirm that a health and disability support services has assigned the NHI number to a correct individual. Nor does it mean the NHI number has been registered, on the NHI. For example pre-allocated NHI numbers are not ‘active’ until they have been sent to the NHI in the registration transaction (NEWHCU). |

**Appendix D – Ethnicity Data Protocols**

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| Prioritisation Algorithm for Ethnicity Codes | The following prioritisation algorithm lists the 2017 ethnicity codes and their priority values.  At least one ethnic group must be supplied for each healthcare user and a maximum of three ethnic groups will be stored on the PRIMHD Datamart. If more than three ethnic groups are identified by the healthcare user, then this prioritisation algorithm for ethnicity codes must be used to reduce the ethnic groups to a maximum of three.   |  |  |  | | --- | --- | --- | | **Priority** | **Code** | **Ethnic Code Description** | | 1 | 21 | Māori | | 2 | 35 | Tokelauan | | 3 | 36 | Fijian | | 4 | 34 | Niuean | | 5 | 33 | Tongan | | 6 | 32 | Cook Island Māori | | 7 | 31 | Samoan | | 8 | 37 | Other Pacific Peoples | | 9 | 30 | Pacific Peoples not further defined | | 10 | 41 | Southeast Asian | | 11 | 43 | Indian | | 12 | 42 | Chinese | | 13 | 44 | Other Asian | | 14 | 40 | Asian not further defined | | 15 | 52 | Latin American/Hispanic | | 16 | 53 | African (or cultural group of African origin) | | 17 | 51 | Middle Eastern | | 18 | 61 | Other Ethnicity | | 19 | 54 | Other | | 20 | 12 | Other European | | 21 | 10 | European not further defined | | 22 | 11 | NZ European/Pakeha | | 94 | 94 | Don’t Know | | 95 | 95 | Refused to Answer | | 97 | 97 | Response Unidentifiable | | 99 | 99 | Not stated | |

**Appendix E – Definitions, Glossary and References**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Definitions | For the purposes of this document the following terms, acronyms and abbreviations have the specific meaning as listed in the definition below.   | **Abbreviation** | **Definition** | | --- | --- | | ADOM | Alcohol and Drug Outcome Measure | | BA | Business Analyst | | BIU | Business Intelligence Unit | | BSS | Business Support Services | | CLIC | Client Information Collection (Problem Gambling) | | CPN | Common Person Number | | DHB | District Health Board (now known as Districts) | | ECT | Electroconvulsive Therapy | | HCU | Healthcare User | | HISO | Health Information Standards Organisation | | HNZ | Health New Zealand – Te Whatu Ora | | HoNOS | Health of the Nation Outcomes Scale | | HoNOS65+ | Health of the Nation Outcomes Scale for people 65 and over | | HoNOSCA | Health of the Nation Outcomes Scale Child and Adolescent | | HoNOS LD | Health of the Nations Outcomes Scale Learning Difficulties | | HoNOS Secure | Health of the Nations Outcomes Scale Secure | | HoNOSI | Health of the Nations Outcomes Scale for Infants | | HPI | Health Practitioner Index | | IT | Information Technology | | KPI | Key Performance Indicators | | MeHG | Mental Health Group (formerly MeHD Mental Health Directorate) | | MHDE | Mental Health Data Entry | | MHINC | Mental Health Information National Collection | | MHIRS | Mental Health Information Reporting System | | MH-SMART | Mental Health Standard Measures of Assessment and Recovery | | Ministry | Ministry of Health | | NGO | Non Government Organisation | | NHI | National Health Index | | NMDS | National Minimum Data Set | | NSDP | National Systems Development Programme | | NZHIS | New Zealand Health Information Service | | ODS | Operational Data Store | | PHO | Primary Health Organisation | | PMO | Programme Management Office | | PRIMHD | Programme for the Integration of Mental Health Data | |

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| Glossary | For the purposes of this document the following items have the specific meaning as listed in the descriptions below.   |  |  | | --- | --- | | Item | **Description** | | Activity | The mental healthcare provided to a healthcare user by a healthcare team. | | Benchmarking | A process of evaluating aspects of processes against best practice. | | Case Mix | Case mix is by definition a system that classifies people into groups that are homogeneous in their use of resources. | | Consumer | The person receiving healthcare services (aka the patient). | | CPN | The Healthcare Worker CPN is a unique lifetime identifier for all New Zealand, which takes precedence over all other identifiers, for workers providing health care services. | | Custodians | The custodians are the group responsible for the maintenance and integrity of the PRIMHD solution. | | Episode of Care | Healthcare services provided for a specific illness during a set time period. | | Facility Number | A unique identifier for a facility. A facility is the premises or physical location where services of interest to, or involved in, the business of the health care service provision are delivered. | | Health Care User | See “Consumer”. | | Event HCU ID | See “NHI Number” | | Master HCU ID | See “NHI Number” | | HPI | The HPI is the central source of core information about all registered practitioners. The HPI system helps identify and provide information on: Practitioners, Health workers, Organisations, Facilities. | | ICD-10-AM | The international standard diagnostic classification for all general epidemiological and many health management purposes. | | Ilities | The Ilities will be defined in the non-functional requirements. Examples of Ilities are: ‘availability’, ‘flexibility’, ‘usability’ etc. | | Leave | When a patient has a bed ‘open’, not discharged and does not stay the night. | | Legal Status | Information that describes a healthcare users legal status under the appropriate section of the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Alcoholism and Drug Addiction Act 1996, the Intellectual Disability (Compulsory Care and Rehabilitation) Act or the Criminal Procedure (mentally impaired) Act 2003. | | Mental Health Commission | The commission monitors the provision of mental health services and reports to government. | | NHI Number | The primary unique lifetime identifier for all New Zealand that takes precedence over all other identifiers for consumers of health care services. | | Organisation Number | A unique identifier for an organisation. An organisation is the entity that provides services of interest to, or is involved in, the business of the health care service provision. There may be a hierarchical (parent-child) relationship between organisations. | | Seclusion | The placing of a person alone in an area where he/she cannot freely exit. | | Shared Support Agencies | Agencies that provide analytical support services to Districts. | | Tangata Whaiora | See “Consumer”. | |