

Programme for the Integration of Mental Health Data

# **DHB Mapping Document**

# **Organisation Name**

Organisation Address

VENDOR: Insert Vendor Name Organisation ID: Insert Org ID Version:

Date Insert here

Insert here

# **Document Control**

# **Document History and sign off**

| Date       | Version | Changes       | MoH<br>Sign Off | Org<br>Sign Off |
|------------|---------|---------------|-----------------|-----------------|
| 01/01/2018 | 1.0     | Initial Draft |                 |                 |
|            |         |               |                 |                 |
|            |         |               |                 |                 |
|            |         |               |                 |                 |
|            |         |               |                 |                 |
|            |         |               |                 |                 |
|            |         |               |                 |                 |
|            |         |               |                 |                 |

Sample in pink

Insert here

# Table of Contents

| Α.  | RELEVANT DOCUMENTS             | 4  |
|-----|--------------------------------|----|
| 1.  | ORGANISATION DETAILS           | 5  |
| 2.  | FACILITY ADDRESSES             | 5  |
| 3.  | TEAM DETAILS                   | 6  |
| 4.  | TEAM CODE VALID ACTIVITIES     | 8  |
| 5.  | REFERRAL CODES                 | 9  |
| 6.  | LEGAL STATUS CODES             | 11 |
| 7.  | ACTIVITY CODES                 | 14 |
| 8.  | COLLECTION OCCASION CODES      | 18 |
| 9.  | OUTCOME TYPE CODES             | 19 |
| 10. | SUPPLEMENTARY CONSUMER RECORDS | 21 |
| 11. | PRIMHD TEAM ALLOCATION PROCESS | 22 |

Insert here

#### A. Relevant Documents

The mapping document contains details and codes for a number of the different PRIMHD record types, in particular those where you may have your own local way of recording or coding data that needs to be mapped to the national codes.

Full details of all the PRIMHD codes are in the *PRIMHD Code Set* document which is available here, along with the other PRIMHD Standard documents:

 PRIMHD Standards – Code Set, Data Set, Data Process Standard <u>https://www.health.govt.nz/nz-health-statistics/national-collections-and-</u> <u>surveys/collections/primhd-mental-health-data/primhd-standards</u>

A number of other documents are also available with useful details about PRIMHD and reporting. These include:

- PRIMHD File Specification
   <u>https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-file-specification</u>
- PRIMHD Online Training Manual and User Guide
   <u>https://www.health.govt.nz/nz-health-statistics/national-collections-and-</u>
   <u>surveys/collections/primhd-mental-health-data/ngo-and-vendor-reference-information</u>
- Guide to PRIMHD Activity Collection and Use
   <a href="https://www.health.govt.nz/publication/guide-primhd-activity-collection-and-use">https://www.health.govt.nz/publication/guide-primhd-activity-collection-and-use</a>
- Alcohol and Drug Outcome Measure (ADOM) <u>https://www.tepou.co.nz/outcomes-and-information/adom-tools/136</u>
- Guide to PRIMHD Supplementary Consumer Records Collection and Use
   <u>https://www.tepou.co.nz/resources/guide-to-primhd-supplementary-consumer-record-collection-and-use/706</u>
- NCAMP (National Collections Annual Maintenance Project)
   <u>https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/national-collections-annual-maintenance-project</u>
- For guidance on the collection and use of the Supplementary Consumer Records, please refer to the "Guide to PRIMHD Supplementary Outcome Indicators Collection and Use". This can be found by scrolling down the following page reference: <u>http://www.health.govt.nz/nz-health-statistics/national-collections-andsurveys/collections/primhd-mental-health-data</u>

Please contact the National Collections Data Management team for more information by emailing: <a href="mailto:primhduserinterface@health.govt.nz">primhduserinterface@health.govt.nz</a>

Version:

Insert here

### 1. Organisation Details

| Table 1           |                 |  |  |  |
|-------------------|-----------------|--|--|--|
| Organisation Name | Organisation ID |  |  |  |
|                   |                 |  |  |  |

# 2. Facility Addresses

|                | Table 2   |          |                                |  |  |  |  |
|----------------|---|----------|--------------------------------|--|--|--|--|
| Team Name      | eam Name Team Facility-ID Physical Addres<br>Code |          | Physical Address               |  |  |  |  |
| Community Team | 012421  | F0B422-A | 24 Steep Hill Road, Wellington |  |  |  |  |
|                |   |          |                                |  |  |  |  |
|                |   |          |                                |  |  |  |  |

Sample in pink

Version:

Insert here

# 3. Team Details

| Please try to<br>use a name<br>that's<br>meaningful | MOH will<br>supply | See<br>HISO<br>Code<br>Set | See<br>HISO<br>Code<br>Set | See<br>HISO<br>Code<br>Set | See HISO<br>Code Set | MoH will<br>supply | Team open<br>date | Team<br>close<br>date |          |
|---|--------------------|----------------------------|----------------------------|----------------------------|----------------------|--------------------|-------------------|-----------------------|----------|
| Team name   | Team<br>Code       | Team<br>Type               | Team<br>Setting            | Service<br>Type            | Target<br>Population | Facility ID        | Open Date         | Close<br>Date         | Comments |
| Community<br>Team                                   | 012422             | 02                         | С                          | NC                         | 2                    | F0B422-B           | 01/01/1988        |                       |          |
|   |                    |                            |                            |                            |                      |                    |                   |                       |          |

Sample in Pink

# PRIMHD Mapping Document Organisation Name Insert here

Version:

|                   | CLOSED TEAMS |              |                 |                 |                      |                |            |               |          |
|-------------------|--------------|--------------|-----------------|-----------------|----------------------|----------------|------------|---------------|----------|
| Team<br>Name      | Team<br>Code | Team<br>Type | Team<br>Setting | Service<br>Type | Target<br>Population | Facility<br>ID | Open Date  | Close<br>Date | Comments |
| Community<br>Team | 012422       | 02           | С               | NC              | 2                    | F0B422-B       | 01/01/1988 |               |          |
|                   |              |              |                 |                 |                      |                |            |               |          |
|                   |              |              |                 |                 |                      |                |            |               |          |
|                   |              |              |                 |                 |                      |                |            |               |          |
|                   |              |              |                 |                 |                      |                |            |               |          |

Sample in pink

# 4. Team Code Valid Activities

| Team Name        | Team<br>Code | Team<br>Type | Team<br>Setting | Valid Activity Type Codes ('T' codes) |
|------------------|--------------|--------------|-----------------|---------------------------------------|
| Residential Team | 012423       | 08           | R               | T28, T29, T37                         |
|                  |              |              |                 |                                       |
|                  |              |              |                 |                                       |
|                  |              |              |                 |                                       |

Sample in pink

### 5. Referral Codes

|      | Table 5a – Referral | To and       | I From Codes  |  |
|------|---------------------|--------------|---|--|
|      | Local Codes         | PRIMHD Codes |   |  |
| Code | Description         | Code         | Description   |  |
|      | •                   | AC           | For use by Integrated Primary Access                      |  |
|      |                     |              | and Choice teams only                                     |  |
|      |                     | AD           | Alcohol and drug  |  |
|      |                     | AE           | Accident and emergency                                    |  |
|      |                     | CA           | Child adolescent and family/whanau mental health services |  |
|      |                     | СМ           | Adult community mental health services                    |  |
|      |                     | CS           | Community Support Service                                 |  |
|      |                     | DH           | Day hospital  |  |
|      |                     | ES           | Education sector  |  |
|      |                     | GP           | General practitioner                                      |  |
|      |                     | JU           | Courts or Youth Justice                                   |  |
|      |                     | KM           |   |  |
|      |                     |              | Kaupapa Maori Service                                     |  |
|      |                     | KP           | Pacific peoples   |  |
|      |                     | NA           | Needs assessment and co-ordination<br>service             |  |
|      |                     | NP           | Hospital referral (non-psychiatric)                       |  |
|      |                     | NR           | No further referral                                       |  |
|      |                     | OL           | Older persons community mental health services            |  |
|      |                     | OP           | Psychiatric outpatients<br>Retired 30/06/2020             |  |
|      |                     | ОТ           | Other   |  |
|      |                     | PD           | Paediatrics   |  |
|      |                     | PH           | Public Health   |  |
|      |                     | PI           | Psychiatric inpatient                                     |  |
|      |                     | PO           | Police  |  |
|      |                     | PP           | Private practitioner                                      |  |
|      |                     | RE           | Mental health residential                                 |  |
|      |                     | SE           | Mental health community skills                            |  |
|      |                     |              | enhancement programme                                     |  |
|      |                     | SR           | Self or relative referral                                 |  |
|      |                     | SW           | Social Welfare  |  |
|      |                     | UN           | Unknown   |  |
|      |                     | VS           | Vocational Service  |  |
|      |                     | CR           | Correction, Prison  |  |
|      |                     | CO           | Court Liaison services i.e. referrals for                 |  |
|      |                     |              | court reports   |  |
|      |                     | FO           | Any community Forensic services                           |  |

|      | Table 5b - Referral End Codes |      |  |  |  |  |  |
|------|-------------------------------|------|--|--|--|--|--|
|      | Local Codes                   |      | PRIMHD Codes   |  |  |  |  |
| Code | Description                   | Code | Description  |  |  |  |  |
|      |                               | DD   | Died   |  |  |  |  |
|      |                               | DG   | Gone No Address or lost to follow up   |  |  |  |  |
|      |                               | DM   | Consumer did not attend following the referral   |  |  |  |  |
|      |                               | DR   | Routine Discharge. Completion of treatment / programme / goals / assessment.   |  |  |  |  |
|      |                               | DS   | Self-discharge from hospital   |  |  |  |  |
|      |                               | DT   | Discharge to another healthcare provider in a<br>different organization. Use this code for<br>discharges to a non-MHA organization, or to<br>primary care(not GP), or for discharges from<br>an NGO to DHB, or DHB to DHB discharges.<br>For discharges to NGOs providing MHA<br>services use code DK. |  |  |  |  |
|      |                               | DW   | Discharge to other service within same facility  |  |  |  |  |
|      |                               | ID   | Involuntary Discharge  |  |  |  |  |
|      |                               | PD   | Provisional Discharge  |  |  |  |  |
|      |                               | RI   | Referral declined – Inability to provide services requested  |  |  |  |  |
|      |                               | RO   | Referral declined – Other services more<br>appropriate   |  |  |  |  |
|      |                               | DY   | Transfer to another MHA service within same organisation   |  |  |  |  |
|      |                               | DK   | Discharge of tangata whaiora/consumer to NGOs that provide MHA services  |  |  |  |  |
|      |                               | DZ   | Routine discharge - no direct contact required   |  |  |  |  |

Insert here

# 6. Legal Status Codes

| Table 6 - Lo     | egal Sta | tus Codes (Legal  | Status in WebPAS – LS)   |
|------------------|----------|---|--|
| Local Codes      |          |   | RIMHD Codes  |
| Code Description | Code     | Description   | Comment  |
|                  | CK       | Mental Health Act,<br>Section 29  | No change. Community order   |
|                  | C1       | Mental Health Act,<br>Section 29  | No change. Community order   |
|                  | C2       | Mental Health Act,<br>Section 29  | No change. Community order   |
|                  | CL       | Mental Health Act,<br>Section 30  | No change. Inpatient order   |
|                  | L1       | Mental Health Act,<br>Section 30  | No change. Inpatient order   |
|                  | L2       | Mental Health Act,<br>Section 30  | No change. Inpatient order   |
|                  | DA       | Intellectual<br>Disability<br>(Compulsory Care<br>and Rehabilitation)<br>Act Section 35 | New code. Being transferred from penal<br>institution or mental health system either<br>for assessment or while the application of<br>the compulsory care order is pending |
|                  | DB       | Intellectual<br>Disability<br>(Compulsory Care<br>and Rehabilitation)<br>Act Section 45 | New code. Compulsory care order has been given   |
|                  | DC       | CP(MIP) Act<br>Section 24(2)(b)<br>(unfit to stand trial)                               | New code. Detained in a secure facility as<br>a special care recipient under the IDCCR<br>Act  |
|                  | DD       | CP(MIP) Act<br>Section 24(2)(b)<br>(insane)   | New code. Detained in a secure facility as<br>a special care recipient under the IDCCR<br>Act  |
|                  | DE       | CP(MIP) Act<br>Section 34(1)(a)(ii)   | New code. Convicted and sentenced to a term of imprisonment and ordered to be detained in hospital as a special care recipient under the IDCCR Act                         |
|                  | HA       | Health Act Section<br>126   | New code. Aged, infirm or neglected<br>persons who are living in unsanitary<br>conditions or without proper care and<br>attention  |
|                  | I        | Voluntary patient   | No change to code. Description changed to 'voluntary' from 'informal'  |
|                  | MH       | MH (CAT) Act<br>1992, Section 15.2  | Judge Extends Time before decision is made   |
|                  | MZ       | Section 31 Mental<br>Health Act (leave<br>for inpatients)                               | No change. Inpatient order but on leave in community   |
|                  | PA       | Parole Act Section<br>35  | New code. Directs a person to serve sentence on home detention   |
|                  | RA       | CP(MIP) Act<br>Section 38(2)(a)   | New code. Remanded to undergo court<br>ordered assessment on bail  |
|                  | RB       | CP(MIP) Act<br>Section 38(2)(c)   | New code. Remanded to undergo court<br>ordered assessment in hospital  |
|                  | RC       | CP(MIP) Act<br>Section 24(2)(a)<br>(unfit to stand trial)                               | New code. Detained in hospital as a special patient under the Mental Health (CAT) Act  |

| <b>\</b> <i>\</i> |  |
|-------------------|--|
| Vorcion           |  |
| Version:          |  |
|                   |  |

Insert here

| RD | CP(MIP) Act<br>Section 24(2)(a)<br>(insane)          | New code. Detained in hospital as a special patient under the Mental Health (CAT) Act   |
|----|--|---|
| RE | CP(MIP) Act<br>Section 44(1)                         | New code. Detained in hospital or secure facility pending hearing or trial  |
| RF | CP(MIP) Act<br>Section 34(1)(a)(i)                   | New code. Convicted and sentenced to a<br>term of imprisonment and ordered to be<br>detained in hospital as a special patient<br>under the Mental Health (CAT) Act1992  |
| RG | CP(MIP) Act<br>Section 23                            | New code. Patient found unfit to stand<br>trial or insane undergoing enquiry to<br>determine the most suitable method of<br>dealing with the person under section 24<br>or section 25   |
| RH | CP(MIP) Act<br>Section 35                            | New code. Court has ordered that<br>enquiries be made to determine the most<br>suitable method of dealing with the person<br>before making an order under section 34  |
| SC | Special, Mental<br>Health Act,<br>Sections 45 and 11 | No change. Special patients from penal institution  |
| SD | Special, Mental<br>Health Act,<br>Sections 45 and 13 | No change   |
| SE | Special, Mental<br>Health Act, Section<br>46         | No change. Imprisoned but accepting voluntary treatment in secure inpatient setting   |
| SJ | Restricted, Mental<br>Health Act, Section<br>55      | No change. Restricted patient   |
| SL | Special, Mental<br>Health Act,<br>Sections 45 and 30 | No change   |
| SM | Mental Health<br>(CAT) Act Section<br>11             | New code. Entering 5 day assessment   |
| SN | Mental Health<br>(CAT) Act Section<br>13             | New code. Entering 14 day assessment  |
| SN | Mental Health<br>(CAT) Act Section<br>13             | New code. Entering 14 day assessment  |
| SQ | Mental Health<br>(CAT) Act Sections<br>45 and 15(1)  | New code. Patient transferred from penal<br>institution for the purposes of assessment<br>or an application is pending in court for<br>the making of a CTO  |
| SR | Mental Health<br>(CAT) Act Sections<br>45 and 15(2)  | New code. Patient transferred from penal<br>institution to hospital for the purposes of<br>assessment and an application is pending<br>in court for the making of a compulsory<br>treatment order and the judge has<br>extended the assessment period |
| SS | Mental Health<br>(CAT) Act Section<br>15(1)          | New code. Waiting to see judge. CTO applied for   |
| ΤY | Community Order,<br>MHA 29(3)(a)                     | No change. Patient under community<br>order having brief inpatient episode  |

| · ·   |      |
|-------|------|
| Vorei | nn   |
| Versi | UII. |

Insert here

|  |    |   | 1  |
|--|----|---|--|
|  |    | inpatient treatment<br>up to 14 days  |  |
|  | YD | Children, Young<br>Persons, and their<br>Families, (CYPF)<br>Act 1989, Section<br>181       | Order for a child to be detained to<br>undertake a medical, psychiatric, or<br>psychological examination where this is<br>provided by mental health and addiction<br>services. |
|  | YR | Children, Young<br>Persons, and Their<br>Families (CYPF)<br>Act 1989, Section<br>178        | Order for a child to attend for a medical,<br>psychiatric, or psychological examination<br>where this is provided by mental health<br>and addiction services.                  |
|  | ST | Conclusion date 30/6/2014   |  |
|  | WA | Substance<br>Addiction<br>(Compulsory<br>Assessment &<br>Treatment) Act<br>2017, section 14 | Application for Assessment under section<br>14 of the SACAT Act  |
|  | WT | Substance<br>Addiction<br>(Compulsory<br>Assessment &<br>Treatment) Act<br>2017, section 23 | A Compulsory Treatment Certificate has<br>been issued for the patient under section<br>23 of the SACAT Act   |
|  | WO | Substance<br>Addiction<br>(Compulsory<br>Assessment &<br>Treatment) Act<br>2017, section 32 | A Compulsory Treatment Order has been<br>issued for the patient under section 32 of<br>the SACAT Act   |
|  | WX | Substance<br>Addiction<br>(Compulsory<br>Assessment &<br>Treatment) Act<br>2017, section 46 | Application for an extension of a CTO for<br>a further 56 days under section 46 of the<br>SACAT Act  |
|  | W1 | Substance<br>Addiction<br>(Compulsory<br>Assessment &<br>Treatment) Act<br>2017, section 47 | A Compulsory Treatment Order has been<br>extended under section 47 of the SACAT<br>Act   |
|  | WL | Substance<br>Addiction<br>(Compulsory<br>Assessment &<br>Treatment) Act<br>2017, section 39 | Patient to be given a leave of absence<br>under section 39 of the SACAT Act  |
|  |    |   |  |

Version:

Insert here

# 7. Activity Codes

|      | Table 7a – Activity Type Codes |      |  |  |  |
|------|--------------------------------|------|--|--|--|
|      | Local Codes                    |      | PRIMHD Codes   |  |  |
| Code | Description                    | Code | Description  |  |  |
|      |                                | T01  | Mental health crisis attendances                                       |  |  |
|      |                                |      |  |  |  |
|      |                                | T02  | Mental health intensive care inpatient or equivalent                   |  |  |
|      |                                |      | occupied bed nights  |  |  |
|      |                                | T03  | Mental health acute inpatient or equivalent occupied bed               |  |  |
|      |                                |      | nights   |  |  |
|      |                                | T04  | Mental health sub-acute inpatient or equivalent occupied               |  |  |
|      |                                |      | bed nights   |  |  |
|      |                                | T05  | Crisis respite care occupied bed nights                                |  |  |
|      |                                | T07  | Group programme session attendances                                    |  |  |
|      |                                | T08  | Care/liaison coordination  |  |  |
|      |                                | T10  | Completed needs assessment   |  |  |
|      |                                | T11  | Maximum secure inpatient occupied bed nights                           |  |  |
|      |                                | T12  | Medium secure inpatient occupied bed nights                            |  |  |
|      |                                | T13  | Minimum secure inpatient occupied bed nights                           |  |  |
|      |                                | T14  | Forensic step down occupied bed nights                                 |  |  |
|      |                                | T15  | Court liaison attendances  |  |  |
|      |                                | T16  | Substance abuse withdrawal management/detoxification                   |  |  |
|      |                                |      | occupied bed nights (medical)  |  |  |
|      |                                | T17  | Substance abuse detoxification attendances (social)                    |  |  |
|      |                                | T18  | Methadone treatment specialist service attendances                     |  |  |
|      |                                | T19  | Methadone treatment specialist service attendances                     |  |  |
|      |                                |      | (consumers of authorized GP's)   |  |  |
|      |                                | T20  | Substance abuse residential service occupied bed nights                |  |  |
|      |                                | T21  | Psychiatric disability rehabilitation occupied bed nights              |  |  |
|      |                                | T22  | Day treatment programme attendances                                    |  |  |
|      |                                | T23  | Day activity programme attendances                                     |  |  |
|      |                                | T24  | Work opportunity/Employment/Vocational                                 |  |  |
|      |                                | T27  | Residential facility with responsive night support occupied bed nights |  |  |
|      |                                | T28  | Residential facility with awake night support occupied bed             |  |  |
|      |                                | 120  | nights   |  |  |
|      |                                | T29  | Community residential occupied bed nights                              |  |  |
|      |                                | T30  | Planned respite care occupied bed days                                 |  |  |
|      |                                | T32  | Contact with family/whanau, consumer not present                       |  |  |
|      |                                | T33  | Seclusion  |  |  |
|      |                                | T34  | ECT  |  |  |
|      |                                | T35  | Did not attend   |  |  |
|      |                                | T36  | Contact with family/whanau, consumer present                           |  |  |
|      |                                | T37  | On leave   |  |  |
|      |                                | T38  | Maori specific interventions only                                      |  |  |
|      |                                | T39  | Integrated Maori and clinical interventions                            |  |  |
|      |                                | T40  | Pacific peoples cultural activity                                      |  |  |
|      |                                | T41  | Other cultural specific activity                                       |  |  |
|      |                                | T42  | Individual treatment attendances: family/whanau not                    |  |  |
|      |                                |      | present  |  |  |
|      |                                | T43  | Community Support contacts   |  |  |
|      |                                | T44  | Advocacy   |  |  |
|      |                                | T45  | Peer support   |  |  |
|      |                                | T46  | Triage and/or Screening  |  |  |

| Version: | - 0 | Insert here  |
|----------|-----|--|
|          | T47 | Support for family/whanau  |
|          | T48 | Co-existing disorders residential service occupied bed nights              |
|          | T49 | Support of Children of Parents with a Mental Illness & Addictions (COPMIA) |
|          | T50 | Support for Parents with Mental Illness & Addictions                       |
|          | T51 | Integrated Pacific and clinical interventions                              |
|          | T52 | Health Coaching Contact  |

|      | Table 7b – Activity Setting Codes |      |                                      |  |  |
|------|-----------------------------------|------|--------------------------------------|--|--|
|      | Local Codes                       |      | PRIMHD Codes                         |  |  |
| Code | Description                       | Code | Description                          |  |  |
|      |                                   | AV   | Audio Visual                         |  |  |
|      |                                   | CM   | Community                            |  |  |
|      |                                   | CT   | Court                                |  |  |
|      |                                   | DM   | Domiciliary                          |  |  |
|      |                                   | DP   | Day tangata whaiora/consumer setting |  |  |
|      |                                   | ED   | Emergency Department                 |  |  |
|      |                                   | ES   | Education Sector                     |  |  |
|      |                                   | IP   | Inpatient                            |  |  |
|      |                                   | MC   | Maori cultural setting               |  |  |
|      |                                   | NP   | Non-psychiatric                      |  |  |
|      |                                   | OM   | Other Social Media/E-therapy         |  |  |
|      |                                   | OS   | Onsite                               |  |  |
|      |                                   | PC   | Primary Care                         |  |  |
|      |                                   | PH   | Telephone                            |  |  |
|      |                                   | PO   | Police                               |  |  |
|      |                                   | PR   | Prison                               |  |  |
|      |                                   | RE   | Residential                          |  |  |
|      |                                   | SM   | SMS text messaging                   |  |  |
|      |                                   | WR   | Written correspondence               |  |  |
|      |                                   | YJ   | Youth Justice Residential Facility   |  |  |

| Activity Type and Family | Table 7C – Family Whanau Involvement Indicator           tivity Type and Family Whanau Involvement Matrix (FWI) |           |  |  |  |  |
|--------------------------|---|-----------|--|--|--|--|
| ACTIVITY_CODE            | FWI<br>YES  | FWI<br>NO | Comment  |  |  |  |
| T01                      | 1   | 2         | Could legitimately be either.                            |  |  |  |
| T02                      |   | 2         | Bednight, leave, seclusion, ECT. FWI should always be N. |  |  |  |
| Т03                      |   | 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.                            |  |  |  |

|          |   |   | Organisation Name  |
|----------|---|---|--|
| Version: |   |   | Insert here  |
| 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.  |
| Т36      | 1 |   | Should always be Y. (Plan to retire 30/06/2022. Will be 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. Retire 30/06/2022. Replace 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.  |

Insert here

# 8. Collection Occasion Codes

|      | Table 8a – Reason for Collection |      |   |  |  |
|------|----------------------------------|------|---|--|--|
|      | Local codes                      |      | PRIMHD codes                              |  |  |
| Code | Code Description                 |      | Description                               |  |  |
|      |                                  | 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                     |  |  |

|      | Table 8b – Protocol Version |      |              |  |  |
|------|-----------------------------|------|--------------|--|--|
|      | Local codes                 |      | PRIMHD codes |  |  |
| Code | Description                 | Code | Description  |  |  |
|      |                             | 0100 | Version 1.0  |  |  |
|      |                             | 0110 | Version 1.1  |  |  |
|      |                             | 0120 | Version 1.2  |  |  |
|      |                             | 0130 | Version 1.3  |  |  |
|      |                             | 0140 | Version 1.4  |  |  |

|      | Table 8c – Focus of care |                  |                       |  |
|------|--------------------------|------------------|-----------------------|--|
|      | Local codes              |                  | PRIMHD codes          |  |
| Code | Description              | Code Description |                       |  |
|      |                          | 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       |  |

# 9. Outcome Type Codes

|      | Table 9a - Outcome Tool Type Version |      |              |  |  |  |
|------|--------------------------------------|------|--------------|--|--|--|
|      | Local Codes                          |      | PRIMHD Codes |  |  |  |
| Code | Description                          | Code | Description  |  |  |  |
|      |                                      | A1   | HoNOS        |  |  |  |
|      |                                      | C1   | HoNOSCA      |  |  |  |
|      |                                      | G1   | HoNOS65 +    |  |  |  |
|      |                                      | L1   | HoNOS LD     |  |  |  |
|      |                                      | M1   | ADOM         |  |  |  |
|      |                                      | S1   | HoNOS Secure |  |  |  |

|      | Table 9b - Mode of Administration |      |   |  |  |
|------|-----------------------------------|------|---|--|--|
|      | Local Codes                       |      | PRIMHD Codes  |  |  |
| Code | Description                       | Code | Description   |  |  |
|      |                                   | 01   | Clinical rating completed following clinical<br>assessment  |  |  |
|      |                                   | 02   | Clinical rating completed without clinical assessment (e.g. consumer unable to be located).   |  |  |
|      |                                   | 03   | Self-report by consumer using a paper and<br>pencil format  |  |  |
|      |                                   | 04   | Self-report by consumer using a computer-<br>based format   |  |  |
|      |                                   | 05   | Self-report to consumer by clinician  |  |  |
|      |                                   | 06   | Self-report read to consumer by translator  |  |  |
|      |                                   | 08   | Not applicable (collection not required due<br>to protocol exclusion or not collected for<br>other reasons or refusal for a consumer<br>measure). |  |  |
|      |                                   | 09   | Not stated / missing (ADOM only shows this code)  |  |  |

Version:

Insert here

| Table 9c – Collection Status |             |       |  |  |
|------------------------------|-------------|-------|--|--|
| Local codes                  |             |       | PRIMHD codes   |  |
| Code                         | Description | Code  | Description  |  |
|                              |             | CS01  | Complete or partially complete                               |  |
|                              |             | CS02  | Not completed due to temporary contradiction (applies only   |  |
|                              |             | 0002  | to self report measures).                                    |  |
|                              |             | CS03  | Not completed due to general exclusion (applies only to      |  |
|                              |             | 0000  | self report measures).                                       |  |
|                              |             | CS04  | Not completed due to refusal by consumer (applies only to    |  |
|                              |             | 0.304 | self report measure).  |  |
|                              |             | CS07  | Not completed for reasons not elsewhere classified.          |  |
|                              |             |       | Not completed due to protocol exclusion (e.g. collection not |  |
|                              |             | CS08  | required at admission immediately following inpatient        |  |
|                              |             |       | discharge).  |  |
|                              |             | CS09  | Not stated / missing   |  |

Version:

### **10.** Supplementary Consumer Records

#### 1. Wellness (Relapse Prevention or Transition) Plan

| Local<br>Code | Local Description | PRIMHD<br>Code | PRIMHD<br>Description | Comment |
|---------------|-------------------|----------------|-----------------------|---------|
|               |                   | 1              | Yes                   |         |
|               |                   | 1              | Yes                   |         |
|               |                   | 1              | Yes                   |         |
|               |                   | 2              | No                    |         |
|               |                   | 7              | Unknown               |         |

#### 2. Accommodation

|  | 1 | Independent | Living in owner-occupied dwellings, or living<br>with owner-occupier. Renting: private sector<br>renting with or without accommodation<br>supplement; social housing. |
|--|---|-------------|---|
|  | 2 | Supported   | Accommodation financially supported either<br>partly or fully by the funder; Living in<br>institutions. Living in residential<br>rehabilitation facilities.           |
|  | 3 | Homeless    | Living without shelter. Living in temporary accommodation. Uninhabitable housing.   |

#### 3. Employment Status

| 1 | In Paid       | Full time                            |
|---|---------------|--------------------------------------|
|   | employment    |                                      |
|   | >=30 hrs a    |                                      |
|   | week          |                                      |
| 2 | In Paid       | Part time                            |
|   | employment    |                                      |
|   | for 1 to less |                                      |
|   | than 30 hrs a |                                      |
|   | week          |                                      |
| 3 | Not in Paid   | Working less than one hour per week. |
|   | Employment    |                                      |
|   | - less than 1 |                                      |
|   | hour per      |                                      |
|   | week          |                                      |

# 4. Education and Training Status

| 1 | Yes | The service user is currently participating in training or education provided by and NZQA registered, recognised or accredited education organisation                 |
|---|-----|---|
| 2 | No  | The service user is not currently<br>participating in training or education<br>provided by and NZQA registered,<br>recognised or accredited education<br>organisation |

#### **11. PRIMHD Team Allocation Process**

NGOs and DHBs must email the following information to <u>primhduserinterface@health.govt.nz</u> to make requests for new PRIMHD teams, or to make changes to existing teams.

#### New Team Code Allocation:

You can provide the information needed in two ways -

- 1. By adding a row to the teams table (table 3) filling in the details of the new team then copy and paste to your email.
- 2. Provide the following details:
  - Team Name
  - Team Type
  - Team Service Type
  - Team Service Setting
  - Team Target population
  - Facility ID if Known
  - Team Open Date
  - Contract ID (NGOs only)
  - Provider ID (NGOs only)

The Data Management team will allocate the following data elements and send the details by return email as soon as the allocation process is completed:

Organisation ID (If unknown) Facility ID Team Code

Without these data elements allocated an organisation is unable to report to PRIMHD.

#### For Existing Team Changes:

Email us your Organisation Name and ID and Team Code and Name along with any changes you'd like to make and we'll make the changes in PRIMHD.