

NGO Mapping Document

**Organisation Name**

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Organisation ID: Insert here Date Insert here

**Document Control**

**Document History and sign off**

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| Date | Version | Changes | MoH Sign Off | NGO Sign Off |
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**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

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-standards>

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

* NGO Guide to PRIMHD

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/ngo-guide-primhd>

* PRIMHD File Specification

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-file-specification>

* PRIMHD Online Training Manual and User Guide

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/ngo-and-vendor-reference-information>

* Guide to PRIMHD Activity Collection and Use

<https://www.health.govt.nz/publication/guide-primhd-activity-collection-and-use>

* Alcohol and Drug Outcome Measure (ADOM)

<https://www.tepou.co.nz/outcomes-and-information/adom-tools/136>

* Guide to PRIMHD Supplementary Consumer Records Collection and Use

<https://www.tepou.co.nz/resources/guide-to-primhd-supplementary-consumer-record-collection-and-use/706>

* NGO Mapping Document Templates

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/ngo-mapping-document>

* NCAMP (National Collections Annual Maintenance Project)

<https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/national-collections-annual-maintenance-project>

Please contact the National Collections Data Management team for more information by emailing: primhduserinterface@health.govt.nz

**1. Organisation Details**

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| --- |
| **Table 1** |
|  | **Organisation Name** | **Organisation ID** |
| **Submitting Organisation** |  |  |
| **Organisation** |  |  |

**2. Facility Addresses**

|  |
| --- |
| **Table 2** |
| **Team Name** | **Team Code** | **Facility-ID** | **Physical Address** |
| Community Team | 123456 | F0B422-A | 24 Steep Hill Road, Wellington  |
|  |  |  |  |

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**3. Team Details**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Purchase Unit Code** | **NGO to provide & MoH to confirm** | **MoH to provide** | **See PRIMHD Code Set** | **See PRIMHD Code Set** | **See PRIMHD Code Set** | **See PRIMHD Code Set** | **NGO to provide & MoH to confirm** |  |  | **NGO to Provide** | **NGO to Provide** |
| **PU Code** | **Team Name** | **Team Code** | **Team Type** | **Team Setting** | **Service Type** | **Target Population** | **Facility ID** | **Team Open Date** | **Comments** | **Contract ID** | **Provider ID** |
| MHA25D | Community Team | 123456  | 02 | C  | NC | 2 | F0B4222-B | 01/01/1988 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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| **CLOSED TEAMS** |
| **Team Name** | **Team Code** | **Team Type** | **Team Setting** | **Service Type** | **Target Population** | **Facility ID** | **Team Open Date** | **Team Close Date** | **Comments** | **Contract ID** | **Provider ID** |
| Community Team  | 123456 | 02 | C | NC | 2 | F0B422-B | 01/01/1988 |  |  | 321321-00 | 123456 |
|  |  |  |  |  |  |  |  |  |  |  |  |
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**4. Team Codes - Activity Codes - Contract IDs & Dates**

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| **Table 4** |
| **Purchase Unit Code** | **Team Name** | **Team Code** | **Team****Type** | **Team****Setting** | **DHB** | **Contract ID** | **Contract Start Date** | **Contract End Date** | **Valid Activity Type Codes (‘T’ codes)** |
| MHA25 | Residential Team | 123456 | 08 | R | CAP |  |  |  | T28, T29, T37 |
|  |  |  |  |  |  |  |  |  |  |

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**5. Referral Codes**

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| **Table 5a – Referral From and Referral To** |
| **Local Codes** | **PRIMHD Codes** |
| **Code** | **Description** | **Code** | **Description** |
|  |  | AC | Access and Choice General Practice(For use by NGO Access and Choice GP teams only.) |
|  |  | AD | Alcohol and drug |
|  |  | AE | Accident and emergency |
|  |  | CA | Child adolescent and family/whanau mental health services |
|  |  | CM | Adult community mental health services |
|  |  | CS | Community Support Service |
|  |  | DH | Day hospital |
|  |  | ES | Education sector  |
|  |  | GP | General practitioner |
|  |  | JU | Justice - Youth and Justice |
|  |  | KM | Kaupapa Maori Service |
|  |  | KP | Pacific peoples |
|  |  | NA | Needs assessment and co-ordination service |
|  |  | NP | Hospital referral (non-psychiatric) |
|  |  | NR | No further referral |
|  |  | OL | Older persons community mental health services |
|  |  | OP | Psychiatric outpatientsRetired 30/06/2020 |
|  |  | OT | 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 |
|  |  | CO | Court Liaison |
|  |  | FO | Forensic Community |

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| **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 | Ended routinely. Completion of treatment / programme / goals / assessment. |
|  |  | DS | Self-discharge from hospital |
|  |  | DT | Discharge of consumer to another healthcare facility (DHB, primary care, non MH – use DK for transfers to another ngo that provide MH services) |
|  |  | 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 appropriate  |
|  |  | DZ | Routine discharge – no direct contact required |
|  |  | DY | Transfer to another MHA service within same organisation |
|  |  | DK | Discharge of tangata whaiora/consumer to NGOs that provide MHA services |

**6. Activity Codes**

| **Table 6a – Activity Type Codes** |
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| **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 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  |
|  |  | 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 |

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| **Table 6b – 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  |

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| **Table 6C – Family Whanau Involvement Indicator** |
| ***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. (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. |

**7. PRIMHD Team Allocation Process**

NGOs and DHBs must email the following information to primhduserinterface@health.govt.nz 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.

**8. PRIMHD Online User Access**

To request a new user for PRIMHD Online, **please email the PRIMHD team (**primhduserinterface@health.govt.nz) **the following information:**

* **Organisation Name**
* **Organisation ID**
* **User Name(s) – first and surname**

**Using the above information we can assign the user with login details for PRIMHD Online.**

To remove a user from PRIMHD Online, **send us these same details and we’ll revoke their access.**