

NATIONAL SYSTEMS UPGRADE PROGRAMME

NCR 3883 – NCAMP 2016

National Collections Annual Maintenance Project Business Requirements

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1. Introduction

1.1. Purpose

This document provides a vehicle for the discussion of the requests for changes to the national collections and documents the requirements that are within the proposed scope of the 2016 National Collections Annual Maintenance Project (NCAMP).

1.2. Background

NSUP

NCAMP is run annually as a work programme under the National Systems Upgrade Programme (NSUP).

NSUP will maintain oversight of NCAMP, along with those projects that initiate changes to the District Health Boards' (DHB) Patient Administration Systems (PAS) and any other patient, financial or warehouse systems.

NSUP will be responsible for the Ministry's "maintenance and enhancement release process for core health systems".

The NSUP Programme Board, which will include the chairs of the other project boards, will coordinate all the activity, review and balance workload and priorities from both a Ministry and DHB perspective.

NSUP may give direction to the NCAMP Project Executive as to the desired/permitted level of change that the project may deliver.

Sector notifications will be provided in September 2015 which will give nine months' notification of change.

NCAMP

NCAMP's aims are to implement the notified changes to the Ministry's national collections and to ensure they meet their on-going statutory obligations. The NCAMP 2016 project will potentially deliver changes to the following national collections/systems:

- National Non-admitted Patient Collection (NNPAC)
- National Minimum Data Set (NMDS)
- Programme for the Integration of Mental Health Data (PRIMHD)
- New Zealand Cancer Registry (NZCR).

Some NCAMP changes require District Health Boards (DHBs), Non-Governmental Organisations (NGOs) and those private hospitals reporting directly to the NMDS and PRIMHD to implement changes to their Patient Administration Systems (PAS) sometimes also referred to as Patient Management Systems (PMS). The annual process for making these changes is outlined in the Operational Policy Framework (OPF) and a Memorandum of Understanding (MoU) with the District Health Boards.

1.3. Project goals and objectives

The goal of this work is to:

- improve data quality to enable DHBs to accurately report on the provision and funding of services or treatment, particularly in relation to inter-district flows
- ensure data quality and integrity is maintained to avoid substantial rework by both the Ministry and DHBs
- improve DHBs' ability to provide timely, accurate and comparative information. This will assist them to complete functions and meet objectives set out in the New Zealand Public Health and Disability Act 2000
- enable the Ministry to meet its obligations of providing high quality data to the DHBs and other providers, particularly in relation to data processing and reporting, manual data entry, and application of data collection business rules
- Upgrade the national collections to meet Ministerial requirements.

2. Business Context

2.1. Exclusions

- BA1. The Health Identity Project (HIP) development is outside the scope of the NCAMP 2016 project.
- BA2. The National Patient Flow (NPF) project is outside the scope of the NCAMP 2016 project.
- BA3. Producing the cost weights framework document as required in Section 4.1 is outside the scope of the NCAMP 2016 project.

2.2. Relevant Facts

- The cut-off date for requests for NCAMP 2016 was 1 June 2015.
- The deadline for the final scope for NCAMP 2016 is 04 September 2015.
- These business requirements are intended to advise Ministry and sector representatives of the planned work to be undertaken as part of NCAMP 2016. The sector change notices (to be issued in September 2015) are the official formal notices of change initiation and requirements for sector systems.

2.3. Business Scope

The following items are proposed for NCAMP 2016, subject to sector consultation. Of these changes, some are Sector facing, some are Ministry-only changes and some affect both parties (as noted in the table, below). Ministry only changes are excluded from this document.

NCAMP Ref #	Collection(s)/ System(s) Impacted	Description	Sector and/or Ministry
57	NMDS	Remove the supplementary feed (SM record) mechanism which prior to PRIMHD allowed a data feed from MHINC	Ministry only
134	PRIMHD	Add Supplementary Consumer Records <ul style="list-style-type: none"> • Education and Training • Employment status • Wellness (Relapse Prevention and transition) plan • Accommodation Add Outcome Item Record code sets <ul style="list-style-type: none"> • Number of days collection covers • Mandated or voluntary referral • Coexisting problems indicator 	Sector / Ministry
137	PRIMHD	Set up a new business rule to reduce the number of duplicated legal status records	Ministry / Sector
138	NNPAC	Analysis of the 'Alcohol Involved' data to determine whether to extend pilot sites or to delay rollout until more data available	Sector / Ministry
141	NMDS	2016/17 WIES NZ and Cost Weight changes	Sector / Ministry
142	NZ Cancer Registry	Data maintenance and application enhancements	Ministry only
143	Common code tables	Addition of Ambulance health speciality and facility type (advisory only)	Sector only
144	Common code tables	Addition of Radiology health speciality for NPF and NNPAC	Ministry / Sector
145	PRIMHD	New activity record <ul style="list-style-type: none"> • T50 	Sector / Ministry
146	PRIMHD	DB2 upgrade for PRIMHD database (MoH change only)	Ministry only

3. Prioritisation

The requirements in this document have been prioritised as either mandatory (M) or optional (O).

- Mandatory implies that the proposed change must be completed by all applicable parties
- Optional implies that the proposed changes could be completed by the applicable parties, if they are able to.

4. National Minimum Data Set (NMDS)

4.1. 2016/17 WIESNZ and Cost Weight Changes

4.1.1. Problem Statement

The problem that	Using 2015/16 Weighted Inlier Equivalent Separation (WIES) and Cost Weight changes would not reflect current costs and changes in hospital activity.
Affects	Reporting, financial and data analysis carried out by the Ministry of Health and the wider Health Sector.
The impact(s) of which are on the	<ul style="list-style-type: none"> • casemix purchasing by DHBs. • calculation of case weighted discharge values. • identification of casemix purchased Purchase Units. • case complexity (for future costing work). • cost weight version used.
A successful solution would	Be the availability and use of the 2016/17 Casemix Framework Document (WIESNZ16).

4.1.2. Business Requirements

The following requirements under NMDS – WIES and cost weight changes are sourced from the Cost Weights Working Group.

Background information:

WIESNZ is the methodology used to calculate the Cost Weight value based on the assigned Australian Refined Diagnosis Related Groups (AR-DRGs) and New Zealand costs.

Revisions and implementation of WIESNZ are performed annually as part of NCAMP.

The 2016/17 New Zealand Casemix Framework for Publicly Funded Hospitals document (WIESNZ16) (Final) is available on the NCAMP website here (www.health.govt.nz/ncamp).

As the Ministry is the official calculators of the Diagnosis Related Groups (DRGs) and caseweights the NMDS will be updated to calculate caseweights, NZ DRGs and excluded purchase units for event records with an event end date on or after 1 July 2016 in accordance with the 2016/17 Casemix Framework.

Listed below are the changes for 2016/17:

- Revised weight schedule (caseweights) (WIESNZ16_weights_FINAL)
- New same day (SD) designation for DRG C60B *Acute and Major Eye Infections W/O CC* and a new one day (OD) designation for DRG B82B *Chronic and Unspecified Paraplegia/Quadriplegia W or W/O OR Procedures W Severe CC*
- Development of a new NZ-specific DRG A39W *Pelvic Evisceration or Cytoreduction Procedures* to fund pseudomyxoma peritonei and pelvic exenteration events. This means the map of pelvic exenteration surgery events to N01Z introduced for WIESNZ15 is replaced by this new mapping to a new NZ-specific DRG.
- Mechanical ventilation co-payment added for DRG P02Z *Cardiothoracic/Vascular Procedures for Neonates*
- Extension of the electrophysiological studies (EPS) co-payment to include cardiac ablation only events
- Introduction of two new exclusion rules for Hysteroscopy and for Medical Termination of Pregnancy

ID	Requirement	Priority
BR NMDS-WIES-1	NMDS will be updated to calculate caseweights, NZ DRGs and excluded purchase units for event records with an end date on or after 1 July 2016, in accordance with the 2016/17 Casemix Framework.	M / O
BR NMDS-WIES-2	The Ministry will provide 3M HIS with the 2016/17 Casemix Framework document so the methodology and weight schedule for WIESNZ16 can be developed into the 3M Codefinder application.	M / O
BR NMDS-WIES-3	DHBs that have their own grouping/costweight systems/applications will need to update these to reflect the changes in the 2016/17 Casemix Framework document (WIESNZ16). Otherwise there are no expected changes for the sector.	M / O
BR NMDS-WIES-4	Reporting requirements tba.	M / O

PLEASE NOTE: the WIESNZ changes are mandatory for the Ministry, but are optional for the sector.

4.2. Remove supplementary feed from MHINC

4.2.1. Business Requirements

The following requirements under NMDS – remove supplementary feed from MHINC are sourced from the Manager, Data Management Services.

PLEASE NOTE: this is a Ministry only change; there will be no impact on the Sector.

Background information:

MHINC (the Mental Health Information National Collection) is the collection of mental health data that was fully replaced by PRIMHD in 2010. NMDS received a feed of Inpatient event data from MHINC; this feed is still 'live' and a request has been made to remove it. This feed is no longer transmitting any data, and there is no impact on NMDS or any other system if the feed is removed.

ID	Requirement	Priority
BR NMDS-MHINC-1	Remove the supplementary feed from MHINC to NMDS.	M

5. National Non-Admitted Patient Collection (NNPAC)

5.1. Population of the 'Alcohol involved' field

5.1.1. Problem Statement

The problem of	<p>The inability to record alcohol involvement in relation to patient presentation in New Zealand hospitals.</p> <p>The inability to submit easily identifiable events involving alcohol to the national collections.</p>
Affects	<p>the ability to monitor trends and rates in the presentation to Emergency Departments (EDs) of patients where alcohol was associated.</p>
The impact(s) of which are	<ul style="list-style-type: none">• Limiting the ability to have a strategic and coordinated approach to alcohol research on the role of alcohol in injuries and violence.• Limiting the ability to plan effectively.• Limiting the ability to evaluate the effectiveness of policies and interventions.• The inability to meet the needs of affected communities and individuals.
A successful solution would	<p>Allow ED staff to record the 'alcohol involvement' in all emergency departments' presentations and submit this to the national collections.</p>

5.1.2. Business Requirements – Addition of Alcohol Involved field - NNPAC

The following requirements under NNPAC – Alcohol Involved field, were sourced from the Emergency Department IT (EDIT) Group (a subset of the Emergency Department Advisory Group (ED AG)).

Background information:

The limited ability to routinely record alcohol involvement in relation to patient presentation in New Zealand hospitals affects the ability to monitor rates and trends in presentations of patients where alcohol was involved.

The impact of which is a limitation in the ability to plan services, to evaluate the effectiveness of policies and interventions, and to meet the needs of affected communities and individuals. There is also a requirement to have a strategic and coordinated approach to alcohol research on the role alcohol plays in respect to diseases, injuries and violence.

The addition of this alcohol involved question and its corresponding answer field is being piloted with effect from 1 July 2015 by five DHB's (Whanganui, Waikato, Lakes, Southern (Dunedin) and Capital & Coast) as suggested by the ED AG.

As a separate exercise the initial data collected from the pilot sites has been analysed.

The five DHBs in the pilot will continue to populate the alcohol involved field for events with a start date on or after 1 July 2015. Non-pilot DHBs can populate this field on a voluntary basis for events with a start date on or after 1 July 2016.

The collection of the data is being rolled out on a voluntary basis to non-pilot DHBs. Therefore the following requirements apply.

The question to be asked in EDs is: "Is alcohol consumption associated with this presentation?"

ID	Requirement	Priority
BR NNPAC-ALC-1	Collect the new Alcohol Involved field on all ED attendances where the event type = 'ED' (Emergency Department) for all participating DHBs.	O
BR NNPAC-ALC-2	<p>Add a new field 'Alcohol Involved' to the NNPAC Input load files.</p> <p>Valid values:</p> <ul style="list-style-type: none"> • Y = Yes (agreement with the Alcohol Involved question) • N = No (disagreement with the Alcohol Involved question) • U = Not known • S = Secondary (presentation is as a consequence of others' alcohol consumption). <p>Only one value will be able to be submitted per event record.</p>	M

ID	Requirement	Priority
BR NNPAC-ALC-3	<p>The Alcohol Involved field population will continue to be mandatory for the pilot sites identified above, for event records with a start date on or after 1 July 2015.</p> <p>Rationale: This field is mandatory for all EDs (pilot and non-pilot) to implement in their event records. .</p>	M
BR NNPAC-ALC-4	<p>The Alcohol Involved field population will be optional for the non-pilot sites.</p>	O
BR NNPAC-ALC-5	<p>The Alcohol Involved field will be populated and reported to NNPAC in load file version 6.0.</p>	M
BR NNPAC-ALC-6	<p>EDs that choose to populate this field must advise the Ministry NCAMP project manager so that validations can be altered to allow the collection of this field.</p>	M

6. NZ Cancer Registry (NZCR)

6.1. Data Maintenance

ID	Requirement	Priority
BR CR-MNT-1	Enable pathological FIGO to be viewed and stored as drop down staging options (currently free text).	M
BR CR-MNT-2	Enable 2 new staging fields for colorectal cancers (the current staging options are rarely used and different classification systems are widely used by pathologists, currently recorded in a free text box).	M
BR CR-MNT-3	Enable pathological TNM to be viewed and stored in code tables as drop down options (currently free text).	M
BR CR-MNT-4	Add EGFR fields for lung cancer events.	M
BR CR-MNT-5	Add several 'variable' new fields to the cancer event, to be used for new data fields as needed.	M
BR CR-MNT-6	Auto-populate the three in-situ values when appropriate, streamlining data entry.	M

6.2. Application

ID	Requirement	Priority
BR CR-WIN-1	NZCR rich client to be delivered as a Windows executable.	M
BR CR-WIN-2	NZCR rich client to run on Windows 8.1 and Windows 10	M

7. Programme for the Integration of Mental Health Data (PRIMHD)

7.1. Common requirements

The Health Information Standards Organisation (HISO) review of the PRIMHD documentation in 2013, in conjunction with the mental health and addiction services team, identified some new components that needed to be added into PRIMHD. Many of these components have been added into PRIMHD in previous NCAMP rounds; NCAMP 2016 will add the remaining components.

The mental health and addiction services team will coordinate the creation and distribution of a guidance document to provide direction on how to populate and use these new components. This document will be provided by at the end of 2015.

Please note that Mental Health and Addiction providers are able to collect more granular information within their own patient management systems, at any point during the episode of care, as long as this information then maps to PRIMHD.

Each component is detailed in its own section; however for all of these components there are some business requirements that are common to all.

ID	Requirement	Priority
BR PRIM-DOC-1	<p>The Provider must be able to access the up-to-date on-line version of the PRIMHD Data Set document that includes references to, and details of, the need for these new fields (as detailed in Sections 7.2 - 7.8, below).</p> <p>RATIONALE:</p> <p>The PRIMHD Data Set document is used widely for reference to the structure, function and purpose of the PRIMHD system.</p>	M
BR PRIM-DOC-2	<p>The Provider must be able to access the up-to-date on-line version of the PRIMHD Code Set document that includes references to, and details of, the need for these new fields (as detailed in Sections 7.2 - 7.8, below).</p> <p>RATIONALE:</p> <p>The PRIMHD Code Set document is used widely for reference to the structure, function and purpose of the PRIMHD system</p>	M

ID	Requirement	Priority
BR PRIM-DOC-3	<p>The Provider must be able to access the up-to-date on-line version of the PRIMHD File Specification document that includes references to, and details of, these new fields (as detailed in Sections 7.2 - 7.8, below).</p> <p>RATIONALE:</p> <p>The PRIMHD File Specification document is used widely for reference to the structure, function and purpose of the PRIMHD system.</p>	M
BR PRIM-DOC-4	<p>The Provider must be able to access the up-to-date PRIMHD Online training manual that includes references to, and details of how and why these new fields are to be used.</p> <p>RATIONALE:</p> <p>The PRIMHD Online training manuals are used widely by PRIMHD online users to provide guidance and training on use of the system.</p>	M
BR PRIM-DOC-5	<p>The Provider must be able to access the up-to-date PRIMHD Data Dictionary that includes references to, and details of how and why these new fields are to be used.</p> <p>RATIONALE:</p> <p>The PRIMHD Data Dictionary document is used widely for reference to the structure, function, content and purpose of the PRIMHD system.</p>	M
BR PRIM-DOC-6	<p>Where one or more supplementary consumer record field is updated, all four fields must be collected.</p> <p>Each supplementary consumer record must contain one collection date (format of cyy-mm-dd). This will only apply to the following indicators:</p> <ul style="list-style-type: none"> • Wellness Plan • Accommodation • Employment • Education and Training. 	M
BR PRIM-DOC-7	<p>The supplementary consumer record data elements must be collected, at a <u>minimum</u>, at the start and end of each referral discharge, and if the referral lasts longer than 12 months, at least once per year. If the data elements change a new record should be submitted.</p>	M
BR PRIM-DOC-8	<p>Business rule(s) and validations must be developed to ensure that these new fields (as detailed in Sections 7.2 - 7.8, below) are populated and reported correctly.</p>	M

ID	Requirement	Priority
BR PRIM-DOC-9	All new fields (as detailed in Sections 6.2 – 6.8, below) must be in the PRIMHD ODS.	M
BR PRIM-DOC-10	All new fields (as detailed in Sections 7.2 - 7.8, below) must be in the PRIMHD datamart.	M
BR PRIM-DOC-11	These new fields (as detailed in Sections 7.2 - 7.8, below) will be submitted to PRIMHD in load file version 2.3. The referral discharge XML schema version will also be incremented to 2.3.	M
BR PRIM-DOC-12	All existing and new reports must have the option to include these new fields (as detailed in Sections 7.2 - 7.8, below) both the new components themselves and, for the Supplementary Consumer records, the date(s) of collection.	M

7.2. Wellness Plans (Relapse Prevention or Transition)

7.2.1. Problem Statement

The problem of	Inability to identify if a wellness plan (relapse prevention or transition) is in place. A wellness plan encourages patients to manage their own wellness and recovery in a manner that is comfortable to them and is within their means. A wellness plan can be an important component in the recovery process.
Affects	<ul style="list-style-type: none"> • Mental health and addiction consumers • Ministry of Health National Collections team • Healthcare Providers • District Health Boards (DHBs) • Non-Governmental Organisations (NGOs) • Principal Advisor, Mental Health Service Improvement
The impact(s) of which are	<p>Health providers not having all the tools at their disposal to help their mental health and addiction consumers with their recovery.</p> <p>Inability of the Healthcare Providers giving support to a mental health and addiction consumer to identify those consumers who have a current wellness plan in place to aid in their recovery.</p>
A successful solution would	<ul style="list-style-type: none"> • Allow the Healthcare Provider to collect, as a supplementary consumer record for every mental health and addiction consumer, an indicator of whether or not a Wellness Plan has been completed. • Allow this indicator to be captured on the mental health and addiction consumer referral discharge document. • Display the history of changes to this indicator, including the first and final indicator values. • Display this indicator and the update year, month and day in the datamart and make them available for reporting purposes.

7.2.2. Solution Statement

For	All people who submit data to, or report from, the PRIMHD collection.						
Who need	To be able to determine if a Wellness Plan is in place and when it was last collected.						
The solution	Will allow the Healthcare Provider and other relevant parties to indicate if a Wellness Plan is in place and how current it is.						
That	<ul style="list-style-type: none"> Has a single MANDATORY indicator of 'Is a Wellness Plan (Relapse Prevention or Transition) in place?' where the referral discharge record has a start date on or after 1 July 2016 Has a single OPTIONAL indicator of 'Is a Wellness Plan (Relapse Prevention or Transition) in place?' where the referral discharge record has a start date on or after 1 July 2014. Has a single value response which can be either: <table border="1" data-bbox="534 846 901 967"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> <tr> <td>7</td> <td>Unknown</td> </tr> </table> <p>(valid from referral discharge documents with a start date of 1 July 2014 and onwards).</p> <ul style="list-style-type: none"> Is included as part of the referral discharge document Displays the year, month and day that the indicator was last collected (when viewing the referral in PRIMHD online) Allows this indicator to be reported from the datamart, including the first indicator value, changes to the value, and the final indicator value. Has business rule(s) and validations developed to ensure that this new field is populated and reported correctly 	1	Yes	2	No	7	Unknown
1	Yes						
2	No						
7	Unknown						
Unlike	The current system that does not include any information about whether or not a Wellness Plan is in place.						
The solution	Will provide the capability to report on the referral discharge document if a Wellness Plan is in place, what the most current status of the Wellness Plan is, and to report on the changes to the Wellness Plan indicator over the life of the referral discharge document.						

7.2.3. Business Requirements

The following requirements under Wellness Plan are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where ‘the system’ is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

PLEASE NOTE: all requirements contained under Section 6.1 are applicable to this section.

ID	Requirement	Priority
BR PRIM-WELL-1	The following indicator could appear on the referral discharge document where the start date is 1 July 2014 and onwards: “Is a Wellness (Relapse Prevention or Transition) Plan in place?”	O
BR PRIM-WELL-2	The following indicator must appear on the referral discharge document where the start date is 1 July 2016 and onwards: “Is a Wellness (Relapse Prevention or Transition) Plan in place?”	M
BR PRIM-WELL-3	The Provider should have the ability to indicate on a referral discharge document, with one pre-defined numerical value, whether or not a Wellness Plan is in place.	M
BR PRIM-WELL-4	Where the indicator has been added, ensure that only one valid Wellness Plan value at a time is able to be collected. The only valid values are: 1 Yes 2 No 7 Unknown.	M
BR PRIM-WELL-5	Business rule(s) and validations must be developed to ensure that this new field is populated and reported correctly.	M
BR PRIM-WELL-6	Where the indicator has been added, the year, month and day (ccyy-mm-dd, e.g. 2017-06-09) of each change to the value must be captured and displayed to the Provider (for PRIMHD online users only).	M

7.3. Accommodation

7.3.1. Problem Statement

The problem of	The inability to determine if the mental health and addiction consumer has stable and supported accommodation, or if the accommodation status has changed since the last collection. Many issues impact good mental health; accommodation is one of them.
Affects	<ul style="list-style-type: none"> • Mental health and addiction consumers • Healthcare Providers • Ministry of Health National Collections team • District Health Boards (DHBs) • Non-Governmental Organisations (NGOs) • Ministry of Health National Collections team • Principal Advisor, Mental Health Service Improvement
The impact(s) of which are	<p>Health providers not having all the tools at their disposal to help their mental health and addiction consumers with their recovery.</p> <p>Inability of the Healthcare Providers giving support to a mental health and addiction consumer to identify those consumers who have had a change in their accommodation that may impact on their recovery.</p>
A successful solution would	<ul style="list-style-type: none"> • Allow the Healthcare Provider to collect, as a supplementary consumer record for every mental health and addiction consumer, an indicator of the Accommodation status for that consumer. • Allow this indicator to be captured on the mental health and addiction consumer referral discharge document. • Display the history of changes to this indicator, including the first and final indicator values. • Display this indicator and the update year, month and day in the datamart and make them available for reporting purposes.

7.3.2. Solution Statement

For	All people who submit data to, or report from, the PRIMHD collection.						
Who need	To be able to determine the support that could be provided to the mental health and addiction consumer via their Accommodation status, and when it was last collected.						
The solution	Will allow the Healthcare Provider and other relevant parties to indicate the Accommodation status for each mental health and addiction consumer and how current it is.						
That	<ul style="list-style-type: none"> • Has a single MANDATORY indicator of ‘What is the Accommodation status?’ where the referral discharge record has a start date on or after 1 July 2016 • Has a single OPTIONAL indicator of ‘What is the Accommodation status?’ where the referral discharge record has a start date on or after 1 July 2014. • Has a single value response which can be either: <table border="1" data-bbox="534 943 1161 1066"> <tr> <td>1</td> <td>Independent</td> </tr> <tr> <td>2</td> <td>Supported</td> </tr> <tr> <td>3</td> <td>Homeless</td> </tr> </table> <p>(valid from referral discharge documents with a start date of 1 July 2014 and onwards).</p> • Is included as part of the referral discharge document • Displays the year, month and day that the indicator was last collected (when viewing the referral in PRIMHD online) • Allows this indicator to be reported from the datamart, including the first indicator value, changes to the value, and the final indicator value • Has business rule(s) and validations developed to ensure that this new field is populated and reported correctly 	1	Independent	2	Supported	3	Homeless
1	Independent						
2	Supported						
3	Homeless						
Unlike	The current system that does not include any information about the Accommodation status of a mental health and addiction consumer.						
The solution	Will provide the functionality to quickly and easily indicate and report on the referral discharge document the Accommodation status of a mental health and addiction consumer, including what the most current Accommodation status is, and to report on the changes to the Accommodation status indicator over the life of the referral discharge document.						

7.3.3. Business Requirements

The following requirements under Accommodation are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where ‘the system’ is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

PLEASE NOTE: all requirements contained under Section 6.1 are applicable to this section.

ID	Requirement	Priority
BR PRIM-ACC-1	The following indicator could appear on the referral discharge document where the start date is 1 July 2014 and onwards: “What is the Accommodation status?”	O
BR PRIM-ACC-2	The following indicator must appear on the referral discharge document where the start date is 1 July 2016 and onwards: “What is the Accommodation status?”	M
BR PRIM-ACC-3	The Provider should have the ability to indicate on a referral discharge document, with one pre-defined numerical value, the Accommodation status of a mental health and addiction consumer.	M
BR PRIM-ACC-4	Where the indicator has been added, ensure that only one valid Accommodation status value at a time is able to be entered into this new field. The only valid values are: 1 Independent 2 Supported 3 Homeless.	M
BR PRIM-ACC-5	Have business rule(s) and validations developed to ensure that this new field is populated and reported correctly.	M
BR PRIM-ACC-6	Where the indicator has been added the year, month and day (ccyy-mm-dd, e.g. 2017-06-09) of each change to the value must be captured, and displayed to the Provider (for PRIMHD online users only).	M

7.4. Employment

7.4.1. Problem Statement

The problem of	The inability to determine if the mental health and addiction consumer has employment, or if the employment status has changed since the last collection. Many issues impact good mental health; employment is one of them.
Affects	<ul style="list-style-type: none"> • Mental health and addiction consumers • Healthcare Providers • Ministry of Health National Collections team • District Health Boards (DHBs) • Non-Governmental Organisations (NGOs) • Ministry of Health National Collections team • Principal Advisor, Mental Health Service Improvement
The impact(s) of which are	<p>Health providers not having all the tools at their disposal to help their mental health and addiction consumer with their recovery.</p> <p>Inability of the Healthcare Providers giving support to a mental health and addiction consumer to identify those consumers who have had a change in their employment that may impact on their recovery.</p>
A successful solution would	<ul style="list-style-type: none"> • Allow the Healthcare Provider to record, as a supplementary consumer record for every mental health and addiction consumer, an indicator of the Employment status for that consumer. • Allow this indicator to be captured on the mental health and addiction consumer referral discharge document. • Display the history of changes to this indicator, including the first and final indicator values • Display this indicator and the update year, month and day in the datamart and make them available for reporting purposes.

7.4.2. Solution Statement

For	All people who submit data to, or report from, the PRIMHD collection.						
Who need	To be able to determine the support that could be provided to the mental health and addiction consumer via their Employment status and when it was last collected.						
The solution	Will allow the Healthcare Provider and other relevant parties to indicate the Employment status for each mental health and addiction consumer and how current it is.						
That	<ul style="list-style-type: none"> • Has a single MANDATORY indicator of ‘What is the Employment status?’ where the referral discharge record has a start date on or after 1 July 2016 • Has a single OPTIONAL indicator of ‘What is the Employment status?’ where the referral discharge record has a start date on or after 1 July 2014. • Has a single value response which can be either: <table border="1" data-bbox="477 911 1163 1102"> <tr> <td>1</td> <td>In Paid employment >=30 hrs per week</td> </tr> <tr> <td>2</td> <td>In Paid employment for 1 to less than 30 hrs per week</td> </tr> <tr> <td>3</td> <td>Not in Paid employment – less than 1 hour per week</td> </tr> </table> <p>(valid from referral discharge documents with a start date of 1 July 2014 and onwards).</p> <ul style="list-style-type: none"> • Is included as part of the referral discharge document • Displays the year, month and day that the indicator was last collected (when viewing the referral in PRIMHD online) • Allows this indicator to be reported from the datamart, including the first indicator value, changes to the value, and the final indicator value • Has business rule(s) and validations developed to ensure that this new field is populated and reported correctly 	1	In Paid employment >=30 hrs per week	2	In Paid employment for 1 to less than 30 hrs per week	3	Not in Paid employment – less than 1 hour per week
1	In Paid employment >=30 hrs per week						
2	In Paid employment for 1 to less than 30 hrs per week						
3	Not in Paid employment – less than 1 hour per week						
Unlike	The current system that does not include any information about the Employment status of a mental health and addiction consumer.						
The solution	Will provide the functionality to quickly and easily indicate and report on the referral discharge document the Employment status of a mental health and addiction consumer including what the most current Employment status is, and to report on the changes to the Employment status indicator over the life of the referral discharge document.						

7.4.3. Business Requirements

The following requirements under Employment Status are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where ‘the system’ is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

PLEASE NOTE: all requirements contained under Section 6.1 are applicable to this section.

ID	Requirement	Priority
BR PRIM-EMP-1	The following indicator could appear on the referral discharge document where the start date is 1 July 2014 and onwards: “What is the Employment Status?”	O
BR PRIM-EMP-2	The following indicator must appear on the referral discharge document where the start date is 1 July 2016 and onwards: “What is the Employment Status?”	M
BR PRIM-EMP-3	The Provider should have the ability to indicate on a referral discharge document, with one pre-defined numerical value, the Employment Status of a mental health and addiction consumer.	M
BR PRIM-EMP-4	Where the indicator has been added, ensure that only one valid Employment Status value at a time is able to be entered into this new field. The only valid values are: 1 In Paid employment >=30 hrs per week 2 In Paid employment for 1 to less than 30 hrs per week 3 Not in Paid employment – less than 1 hour per week.	M
BR PRIM-EMP-5	Business rule(s) and validations must be developed to ensure that this new field is populated and reported correctly.	M
BR PRIM-EMP-6	Where the indicator has been added, the year, month and day (ccyy-mm-dd, e.g. 2017-06-09) of each change to the value must be captured, and displayed to the Provider (for PRIMHD online users only).	M

7.5. Education and Training

7.5.1. Problem Statement

The problem of	The inability to determine if the mental health and addiction consumer has undergone education and/or training, or if the education and training status has changed since the last collection. Many issues impact good mental health, education and training is one of them.
Affects	<ul style="list-style-type: none"> • Mental health and addiction consumers • Healthcare Providers • Ministry of Health National Collections team • District Health Boards (DHBs) • Non-Governmental Organisations (NGOs) • Ministry of Health National Collections team • Principal Advisor, Mental Health Service Improvement
The impact(s) of which are	<p>Health providers not having all the tools at their disposal to help their mental health and addiction consumer with their recovery.</p> <p>Inability of the Healthcare Providers giving support to a mental health and addiction consumer to identify those consumers who have had a change in their education and training that may impact on their recovery.</p>
A successful solution would	<ul style="list-style-type: none"> • Allow the Healthcare Provider to record, as a supplementary consumer record for every mental health and addiction consumer, an indicator of the Education and Training status for that consumer. • Allow this indicator to be captured on the mental health and addiction consumer referral discharge document. • Display the history of changes to this indicator, including the first and final indicator values. • Display this indicator and the update year, month and day in the datamart and make them available for reporting purposes.

7.5.2. Solution Statement

For	All people who submit data to, or report from, the PRIMHD collection.				
Who need	To be able to determine the support that could be provided to the mental health and addiction consumer via their Education and Training status and when it was last collected.				
The solution	Will allow the Healthcare Provider and other relevant parties to indicate the Education and Training status for each mental health and addiction consumer and how current it is.				
That	<ul style="list-style-type: none"> • Has a single MANDATORY indicator of 'Is NZQA training being undertaken?' where the referral discharge record has a start date on or after 1 July 2016. • Has a single OPTIONAL indicator of 'Is NZQA training being undertaken?' where the referral discharge record has a start date on or after 1 July 2014. • Has a single value response which can be either: <table border="1" data-bbox="477 913 1163 994"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>2</td> <td>No</td> </tr> </table> <p>Please note that there will be further information provided by the Principal Advisor, Mental Health Service Improvement around this indicator and the valid answers</p> <p>(valid from referral discharge documents with a start date of 1 July 2014 and onwards).</p> <ul style="list-style-type: none"> • Is included as part of the referral discharge document • Displays the year, month and day that the indicator was last collected (when viewing the referral in PRIMHD online) • Allows this indicator to be reported from the datamart, including the first indicator value, changes to the value, and the final indicator value • Has business rule(s) and validations developed to ensure that this new field is populated and reported correctly 	1	Yes	2	No
1	Yes				
2	No				
Unlike	The current system that does not include any information about the Education and Training status of a mental health and addiction consumer.				
The solution	Will provide the functionality to quickly and easily indicate and report on the referral discharge document the Education and Training status of a mental health and addiction consumer, including what the most current Education and Training status is, and to report on the changes to the Education and Training status indicator over the life of the referral discharge document.				

7.5.3. Business Requirements

The following requirements under Education and Training Status are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where ‘the system’ is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

PLEASE NOTE: all requirements contained under Section 6.1 are applicable to this section.

ID	Requirement	Priority
BR PRIM-EDU-1	The following indicator could appear on the referral discharge document where the start date is 1 July 2014 and onwards: “What is the Education and Training Status?”	O
BR PRIM-EDU-2	The following indicator must appear on the referral discharge document where the start date is 1 July 2016 and onwards: “What is the Education and Training Status?”	M
BR PRIM-EDU-3	The Provider should have the ability to indicate on a referral discharge document, with one pre-defined numerical value, the Education and Training Status of a mental health and addiction consumer.	M
BR PRIM-EDU-4	Where the indicator has been added, ensure that only one valid Education and Training Status value at a time is able to be entered into this new field. The only valid values are: 1 Yes 2 No.	M
BR PRIM-EDU-5	Business rule(s) and validations must be developed to ensure that this new field is populated and reported correctly	M
BR PRIM-EDU-6	Where the indicator has been added, the year, month and day (ccyy-mm-dd, e.g. 2017-06-09) of each change to the value must be captured, and displayed to the Provider (for PRIMHD online users only).	M

7.6. Number of Days Collection covers

7.6.1. Problem Statement

The problem of	Potential skewing the severity of frequency/use of alcohol or drugs if the number of days covered is not collected. Analysis of ADOM data may be compromised.
Affects	<ul style="list-style-type: none"> • Mental Health and addiction consumers • Healthcare Providers • Ministry of Health National Collections team • District Health Boards (DHBs) • Non-Governmental Organisations (NGOs) • Ministry of Health National Collections team • Principal Advisor, Mental Health Service Improvement • Te Pou/Matua Raki
The impact(s) of which are	Without the 'number of days collection covers' the overall reliability of data is compromised. For example, a consumer reporting 10 days use of amphetamines out of 28 days would be less severe than a consumer reporting 10 days use out of 10 days. Without the number of days the collection covers, the related reliability of analysis and mapping for each question (1-11) is problematic.
A successful solution would	<ul style="list-style-type: none"> • allow the Healthcare Provider to record, as an ADOM specific attribute on the outcome item record for each ADOM collection, a value that indicates the number of days the collection covers. • allow this indicator to be displayed as part of the mental health and addiction consumer Outcome Item record code set. • display this indicator in the datamart and make it available for reporting purposes.

7.6.2. Solution Statement

For	All people who submit data to, or report from, the PRIMHD collection.
Who need	To have a value captured and reported that accurately reflects the number of days the ADOM collection covers (as calculated outside of PRIMHD).
The solution	Will collect and report the number of days the collection covers.
That	<ul style="list-style-type: none"> • Has a single MANDATORY indicator response to “What is the number of days the collection occasion covers?” • Must be a single number between 7-28 (inclusive) • Is included as part of the Outcome Item record • Has business rule(s) and validations developed to ensure that this new field is populated and reported correctly • Is mandatory on Outcome Items gathered on Collection Occasions with a completion date of 1 July 2016 and onwards • Is optional on Outcome Items gathered on Collection Occasions with a completion date of 1 July 2014 and onwards
Unlike	The ADOM is currently mandated without this data element with data collected and reported from 1 July 2015.
The solution	Will provide the functionality to quickly and easily collect and report the number of days the collection covers to provide context for the ADOM frequency/use of drugs or alcohol information collected.

7.6.3. Business Requirements

The following requirements under number of days' collection covers are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where 'the system' is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

PLEASE NOTE: all requirements contained under Section 6.1 are applicable to this section.

ID	Requirement	Priority
BR PRIM-COLL-1	The following indicator could appear on the Outcome Item record for all Collection Occasions with a completion date of 1 July 2014 and onwards: "What is the number of days the ADOM collection covers?"	O
BR PRIM-COLL-2	The following indicator must appear on the Outcome Item record for all Collection Occasions with a completion date of 1 July 2016 and onwards: "What is the number of days the ADOM collection covers?"	M
BR PRIM-COLL-3	The health provider must have the ability to record the (externally calculated) number of days that the collection covers for the mental health and addiction consumer.	M
BR PRIM-COLL-4	Where the indicator has been added, ensure that only one valid number value at a time is able to be entered into this new field.	M
BR PRIM-COLL-5	The only valid values are a number between 7-28 (inclusive).	M
BR PRIM-COLL-6	Business rule(s) and validations must be developed to ensure that this new field is populated and reported correctly.	M

7.7. Mandated or Voluntary Referral

7.7.1. Problem Statement

The problem of	<p>Inability to identify episode length, activities or outcomes for consumers who are mandated by a statutory organisations to attend specific addiction assessment or treatment interventions as compared to those who voluntarily attend for assessment/treatment interventions.</p> <p>Referral source is not a true indicator of whether a consumer is mandated through statutory organisations. E.g. Justice referrals do not always require mandated attendance. Consumers who have completed mandatory attendance may voluntarily attend with in the same episode of care / referral activity</p>
Affects	<ul style="list-style-type: none"> • Mental health and addiction consumers • Healthcare Providers • Ministry of Health National Collections team • District Health Boards (DHBs) • Non-Governmental Organisations (NGOs) • Principal Advisor, Mental Health Service Improvement • Te Pou/Matua Raki
The impact(s) of which are	<p>Identifying outcomes for those consumers mandated through a statutory organisation to attend for assessment/treatment compared to those who attend on a voluntary basis</p>
A successful solution would	<ul style="list-style-type: none"> • Allow the Healthcare Provider to record, as an ADOM specific attribute on the outcome item record for every mental health and addiction consumer, an indicator of whether or not the consumer is mandated or voluntarily attending the addiction service • Allow this indicator to be displayed on the mental health and addiction consumer Outcome Item record. • Display this indicator in the datamart and make it available for reporting purposes.

7.7.2. Solution Statement

For	All people who submit data to, or report from, the PRIMHD collection.				
Who need	To have a value collected and reported that indicates whether mental health and addiction consumers ADOM referral was mandated or voluntary, as calculated outside of PRIMHD.				
The solution	Will allow the Healthcare Provider and other relevant parties to indicate the mandatory/voluntary referral status for each mental health and addiction consumer.				
That	<ul style="list-style-type: none"> • Has a single MANDATORY indicator response to ‘How was the mental health and addiction consumer referred?’ where the Collection Occasion has a start date on or after 1 July 2016 • Has a single OPTIONAL indicator response to ‘How was the mental health and addiction consumer referred?’ where the Collection Occasion has a start date on or after 1 July 2014 • Has a single value response which can be either: <table border="1" data-bbox="477 943 1163 1025" style="margin-left: 20px;"> <tr> <td style="text-align: center;">1</td> <td>Mandated referral</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Voluntary referral</td> </tr> </table> <p style="margin-left: 40px;">(valid from Outcome Items gathered on Collection Occasions with a completion date of 1 July 2016 and onwards).</p> <ul style="list-style-type: none"> • Is included as part of the Outcome Item record • Has business rule(s) and validations developed to ensure that this new field is populated and reported correctly 	1	Mandated referral	2	Voluntary referral
1	Mandated referral				
2	Voluntary referral				
Unlike	The current system that does not include any information about the mandated/voluntary referral status of a mental health and addiction consumer.				
The solution	Will provide the functionality to quickly and easily collect and report on the Outcome Item record the mandated/voluntary referral status of a mental health and addiction consumer.				

7.7.3. Business Requirements

The following requirements under mandated/voluntary Referral Indicator are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where ‘the system’ is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

PLEASE NOTE: all requirements contained under Section 6.1 are applicable to this section.

ID	Requirement	Priority
BR PRIM-REF--1	<p>The following indicator could appear on the Outcome Item record for all Collection Occasions with a completion date of 1 July 2014 and onwards:</p> <p>“How was the mental health and addiction consumer referred?”</p>	O
BR PRIM-REF--2	<p>The following indicator must appear on the Outcome Item record for all Collection Occasions with a completion date of 1 July 2016 and onwards:</p> <p>“How was the mental health and addiction consumer referred?”</p>	M
BR PRIM-REF--3	<p>The business must have the ability to indicate on an Outcome Item record, with one pre-defined numerical value, the mandated/voluntary Referral status for a mental health and addiction consumer.</p>	M
BR PRIM-REF--4	<p>Where the indicator has been added, ensure that only one valid mandated/voluntary Referral status value at a time is able to be entered into this new field.</p> <p>The only valid values are:</p> <ol style="list-style-type: none"> 1 Mandated referral 2 Voluntary referral 	M
BR PRIM-REF--5	<p>Business rule(s) and validations must be developed to ensure that this new field is populated and reported correctly.</p>	M

7.8. Co-existing Problems Indicator

7.8.1. Problem Statement

The problem of	<p>A gap in the understanding around the proportion of the mental health and addiction population who receive Co-existing problems (CEP) interventions. This will increasingly occur through one CEP clinician or team.</p> <p>The current system collects contact types but not intervention types. Addition of this indicator will help ensure that addiction service consumers with underlying issues of depression, anxiety etc., receive the most effective services.</p>
Affects	<ul style="list-style-type: none"> • Mental health and addiction consumers • Healthcare Providers • Ministry of Health National Collections team • District Health Boards (DHBs) • Non-Governmental Organisations (NGOs) • Principal Advisor, Mental Health Service Improvement • Te Pou/Matua Raki
The impact(s) of which are	<p>Inability of the Healthcare Providers giving support to a mental health and addiction consumer to identify whether services for co-existing problems are being provided and received.</p>
A successful solution would	<ul style="list-style-type: none"> • Allow the Healthcare Provider to record, as an ADOM specific attribute on the outcome item record for every mental health and addiction consumer, an indicator to show if services are being received for co-existing problems. • Allow this indicator to be displayed on the mental health and addiction consumer Outcome Item record. • Display this indicator in the datamart and make it available for reporting purposes.

7.8.2. Solution Statement

For	All people who submit data to, or report from, the PRIMHD collection.				
Who need	To have an a value collected and reported that accurately reflects the co-existing problems indicator, as calculated outside of PRIMHD				
The solution	Will display and report the CEP indicator.				
That	<ul style="list-style-type: none"> Has a single MANDATORY indicator response to ‘Is the consumer receiving services for co-existing problems?’ where the Collection Occasion has a completion date on or after 1 July 2016 Has a single OPTIONAL indicator response to ‘Is the consumer receiving services for co-existing problems?’ where the Collection Occasion has a completion date on or after 1 July 2014 Has a single value response which can be either: <table border="1" data-bbox="477 808 1161 945"> <tr> <td>1</td> <td>Receiving services for co-existing problems</td> </tr> <tr> <td>2</td> <td>No services for co-existing problems</td> </tr> </table> <p>(valid from Outcome Items gathered on Collection Occasions with a completion date of 1 July 2016 and onwards)</p> <ul style="list-style-type: none"> Is included as part of the Outcome Item record Has business rule(s) and validations developed to ensure that this new field is populated and reported correctly 	1	Receiving services for co-existing problems	2	No services for co-existing problems
1	Receiving services for co-existing problems				
2	No services for co-existing problems				
Unlike	The current system that does not include any information about the co-existing problems for a mental health and addiction consumer.				
The solution	Will provide the functionality to quickly and easily collect and report on the Outcome Item record the co-existing problems status of a mental health and addiction consumer.				

7.8.3. Business Requirements

The following requirements under the Co-existing Problems Indicator are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where ‘the system’ is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

PLEASE NOTE: all requirements contained under Section 6.1 are applicable to this section.

ID	Requirement	Priority
BR PRIM-COE--1	The following indicator could appear on the Outcome Item record for all Collection Occasions with a completion date of 1 July 2014 and onwards: ‘Co-existing problem indicator’	O
BR PRIM-COE--2	The following indicator must appear on the Outcome Item record for all Collection Occasions with a completion date of 1 July 2016 and onwards: ‘Co-existing problem indicator’	M
BR PRIM-COE--3	The health provider must have the ability to indicate on an Outcome Item record, with one pre-defined numerical value, the Co-existing problems status for a mental health and addiction consumer (calculated externally).	M
BR PRIM-COE--4	Where the indicator has been added, ensure that only one valid value at a time is able to be entered into this new field. The only valid values are: 1 Receiving services for co-existing problems 2 No services for co-existing problems.	M
BR PRIM-COE--5	Business rule(s) and validations must be developed to ensure that this new field is populated and reported correctly.	M

7.9. PRIMHD miscellaneous requirements

7.9.1. Environment Upgrade - Business Requirements

The following requirements under PRIMHD Environment upgrade involve upgrading the DB2 database versions from 9.5 to 10.5.

ID	Requirement	Priority
BR PRIM-MIS--1	Upgrade Systest, compliance and production database version (complete in first quarter or carry over to 2016).	M

7.9.2. PRIMHD Activity Record Code set - Business Requirements

The following requirements are sourced from the Principal Advisor, Mental Health Service Improvement Group.

PLEASE NOTE: where 'the system' is mentioned in the following requirements, this includes both PRIMHD Online and FTP submissions to PRIMHD.

ID	Requirement	Priority
BR PRIM-MIS--2	<p>The following Activity Record code value must be added:</p> <ul style="list-style-type: none"> T50 Support for Parents with Mental Illness and Addictions. <p>Code valid from: 1-07-2016 Code valid to: 30-06-2020</p> <p>Description: Activity that supports Mental Health and Addiction service users (who have dependent children) in their role as parents. For example identifying and addressing parenting support needs, parent education and support programmes.</p>	M

7.9.3. PRIMHD Legal Status validation - Business Requirements

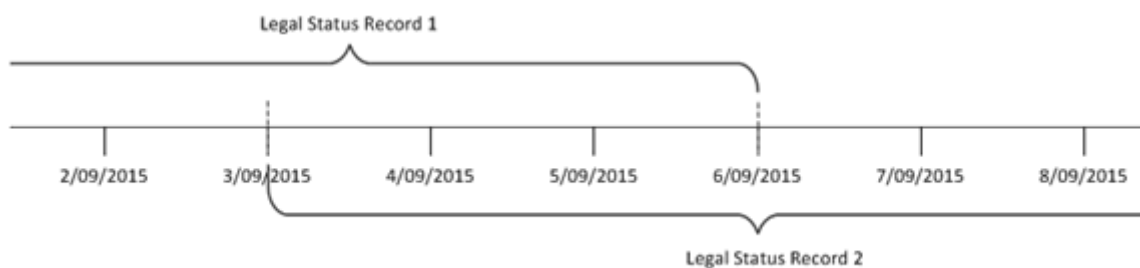
The following requirements are sourced from the Manager, Data Management Services.

Request to create a new business rule in PRIMHD to help reduce duplicate Legal Status records.

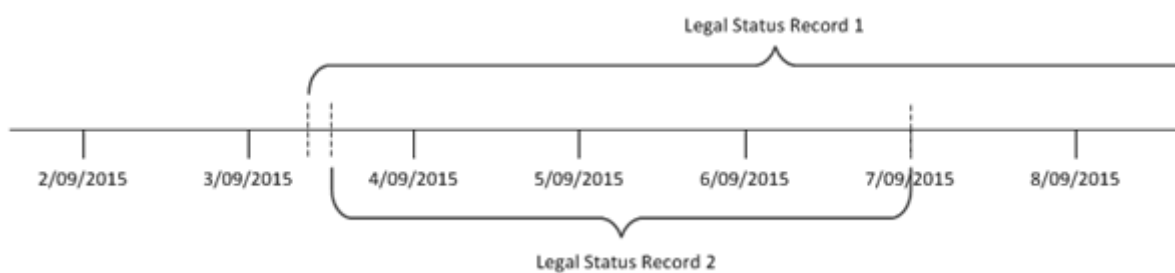
There are currently (at August 2015) 206,234 legal status records in the Programme for the Integration of Mental Health Database (PRIMHD). The lack of a business rule around legal status records has meant that there are currently 35,481 extra duplicate legal status records. In many instances there are more than two identical records, in some cases more than ten records for an identical Org ID, NHI, legal status code, and legal status start date. This affects the day to day running of PRIMHD as well as the ability to report effectively out of the warehouse.

The following business rules will be implemented:

- A consumer may not have overlapping legal status records with the same organisation and legal status code. We will not allow overlapping legal status record for the same organisation, NHI and legal status code.



- A consumer may not have more than one legal status record beginning on the same day with the same organisation and legal status code. We will not allow more than one legal status record for the same organisation, NHI, legal status code and start date.



ID	Requirement	Priority
BR PRIM-MIS--3	Addition of new business rules <ul style="list-style-type: none"> A consumer may not have overlapping legal status records with the same organisation and legal status code. Sector system validation should enforce the above business rule.	M

ID	Requirement	Priority
BR PRIM-MIS--4	Addition of new business rules <ul style="list-style-type: none"> • A consumer may not have more than one legal status records beginning on the same day with the same organisation and legal status code. Sector system validation should enforce the above business rule.	M
BR PRIM-MIS--5	Where further records are submitted that already meet the above criteria an error message is displayed to the user (and in the acknowledgement file) and the record is not to be added.	M

Please note that the Data Quality team will proactively work with the sector to clean up existing duplicated legal status records. The Data Quality team will provide each DHB with reports of identified duplicates at intervals up to July 2016.

8. Health Speciality and Facility codes

8.1. Update of Ministry Common Code tables – Business Requirements

The following requirements under Ministry Code tables are sourced from the sector (both Ambulance codes) and the HISO team (the Radiology code).

The new Ambulance codes are required to be added into the Ministry code tables as ambulance services are implementing a new application that enables ambulance officers to record their clinical impressions, observations and interventions as they provide care to patients. An ambulance care summary is created for every clinical contact between a patient and ambulance officer in both accident and medical cases and at transfer of care to other services. Structured and coded information is communicated as an ambulance care summary electronic document. Stored ambulance care summary documents will have standard metadata that enables them to be distinguished from other document types; the new ambulance health speciality and facility type are required metadata attributes.

The two new Ambulance codes are not eligible to be reported to the national collections, but will be captured in the DHB ED systems as new software is rolled out that requires these codes.

The common code tables are accessed by some national collections and are available to the general public on the Ministry of Health website.

The Facility Type table is found here: [Facility Type common code table](#)

The Health Speciality table is found here: [Health Speciality common code table](#).

ID	Requirement	Priority
BR CC-MISC-1	Update the Ministry of Health 'Facility Type' code table to add: <ul style="list-style-type: none"> 26 – Ambulance. 	M
BR CC-MISC-2	Facility Type code '26' – Ambulance is not to be sent to any national collections.	M
BR CC-MISC-3	Update the Ministry of Health 'Health Speciality' code table to add: <ul style="list-style-type: none"> A02 – Ambulance officers and paramedics. No start or end dates to be entered for this new code	M
BR CC-MISC-4	Health Speciality code 'A02' – Ambulance officers and paramedics is not to be sent to any national collections.	M
BR CC-MISC-5	Update the Ministry of Health 'Health Speciality' code to add: <ul style="list-style-type: none"> R01 – Radiology. Code to have a start date 1 July 2016.	M

ID	Requirement	Priority
BR CC-MISC-6	<p>Health Speciality code R01 – Radiology is to be available to the National Patient Flow and NNPAC collections only:</p> <ul style="list-style-type: none">• To be available to be used for NPF activity records with a date of on or after 1 July 2016• To be available to be used for NNPAC records with a datetime of service of on or after 1 July 2016	M

Appendix A Definitions

Term or Abbreviation	Definition
AR-DRG	Australian Refined Diagnosis-Related Group
AD	Active Directory is a directory service that Microsoft developed for Windows domain networks
ADOM	Alcohol and Drug Outcome Measures
BIRT	Business Intelligence and Reporting Tools project is an open source software project that provides reporting and business intelligence capabilities for rich client and web applications, especially those based on Java and Java EE
CCTAG	Common Counting Technical Advisory Group
CEP	Co-existing Problems
DHB	District Health Board
DRG	Diagnosis Related Group
Drools	A business rules management system with a forward and backwards chaining inference based rules engine
ED	Emergency Department
ED AG	Emergency Department Advisory Group
EDIT	Emergency Department IT Group
EGFR	Glomerular filtration rate (GFR) is a measure of the function of the kidneys. The calculation used to determine how well the kidneys are functioning is called the eGFR (estimated GFR)
FIGO	Cervical cancer is staged by the International Federation of Gynaecology and Obstetrics (FIGO) which is based on clinical examination rather than surgical findings
GCSB	Government Communications Security Bureau A group tasked with protecting and enhancing New Zealand's security and wellbeing
Gleason	The Gleason grading system is used to help evaluate the prognosis of men with prostate cancer
HIP	Health Identity Project
HISO	Health Information Standards Organisation
IM	Psychiatric Inpatient Event
Medical in-confidence	Medical in-confidence is an information classification.

Term or Abbreviation	Definition
MHINC	Mental Health Information National Collection The system used to collect and report on mental health data prior to being replaced by PRIMHD
MOH	Ministry of Health
MoU	Memorandum of Understanding
NBRS	National Booking Reporting System
NCAMP	National Collections Annual Maintenance Project
NCR	National Collections and Reporting
NGOs	Non-Governmental Organisations
NHB	National Health Board
NHI	National Health Index
NMDS	National Minimum Data Set
NNPAC	National Non-Admitted Patient Collection
NZ	New Zealand
NZCR	New Zealand Cancer Registry
NZDRG	New Zealand Diagnosis Related Group
PAS	Patient Administration System
PHOs	Primary Health Organisations
PMS	Patient Management System
PRIMHD	Programme for the Integration of Mental Health Data
PU	Purchase Unit
SSO	Single sign-on, a property where a user logs in once and gains access to all systems without being prompted to log in again at each of them
TNM	Tumour, Node, Metastasis system, used for denoting the clinical stage and pathological stage for most forms of cancer.
WebSphere	A set of Java-based tools from IBM that allow customer to create and manage sophisticated business web sites
WIES	Weighted Inlier Equivalent Separation
WIESNZ	Weighted Inlier Equivalent Separation New Zealand

Appendix B Document Control

B.1 Document Details

Project	NCR 3883 – NCAMP 2016
Team	Business Analysis, Solutions Delivery Group
Document Title	National Collections Annual Maintenance Project Business Requirements
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Author(s)	Tracy Worsley
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Status	Final

B.2 Version Control

Date	Version	Description of Changes	Author(s)
14/10/2015	1.0	Incorporation of feedback from the Sector and further internal Ministry review Version now FINAL.	Tracy Worsley
20/08/2015	0.7	Incorporation of feedback from internal Ministry distribution and Te Pou/Matua Raki, ready for Sector distribution	Tracy Worsley
06/08/2015	0.6	Draft ready for internal Ministry distribution	Tracy Worsley
03/08/2015	0.5	BA peer reviewer feedback incorporated	Tracy Worsley
30/07/2014	0.4	Further feedback from PM before BA peer review	Tracy Worsley
29/07/2015	0.3	Second round of feedback from PM incorporated	Tracy Worsley
15/07/2015	0.2	First round of feedback from PM incorporated	Tracy Worsley
25/05/2015	0.1	Initial draft based on NCR requests for change, sent for initial feedback to PM	Tracy Worsley

B.3 Related Documents

Title	Version	Location
WIESNZ16 Final	Version tba	To be added when available for 2016 round (Oct/Nov 2015)
Information around government security standards - GCSB		The NZ information security manual
Information around government security standards – Health information standards framework		HISF essentials recommendations v3
Information around government security standards – Health information standards framework		HISF technical specifications register v1-1
Information around government security standards – Health information standards framework		HISF public comment draft
Information from the Government protective security requirements		Protective security

B.4 Document Contributors

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Appendix C Document Sign-off

This signature indicates that the NCAMP Project Manager agrees with the content of this document, insofar as it applies to his/her areas of management responsibility and in terms of its completeness and deliverable scope.

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