Guide to PRIMHD Referral Collection and Use

To be used in conjunction with the
PRIMHD Code Set Standard
HISO 10023.3:2017

2021: Version 1.0

PR MHD

Programme for the Integration of Mental Health Data

MINISTRY OF
HEALTH
MANATŪ HAUORA

This document is available at **health.govt.nz**

Version control

Version	Date	Status	Description of changes
1.0	December 2021	First published version	

Important

It is important that you use the current version of this document. All Health Information Standards Organisation (HISO) standards are living documents and are reviewed periodically to assess and maintain their currency. This document will be reviewed at each HISO review or National Collection Annual Maintenance Project (NCAMP) change process and will incorporate amendments issued since the document was first published.

For detailed information about HISO standards, drafts, amendments and new projects, visit the HISO website: **https://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/health-information-standards-organisation**.

Acknowledgements

We would like to acknowledge the input of services nationwide that have assisted in preparing this guide. Scenarios compiled in this document have been developed and reviewed by a wide range of mental health and addiction sector representatives from district health boards (DHBs) and non-government organisation (NGO) providers nationally. Thank you to all of those people who contributed.

The project team consisted of:

- Hope McCrohon, Mental Health, Addiction and Intellectual Disability Service, Wairarapa, Hutt Valley and Capital & Coast DHBs

- Sharon Ansley, Taranaki DHB

- Patrick Firkin, Auckland DHB

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Introduction

Purpose of PRIMHD

The Programme for the Integration of Mental Health Data (PRIMHD) is a database centred on service users and designed to capture a range of services (interventions or activities) that contracted mental health and addiction (MHA) providers are delivering to service users. The primary objective of PRIMHD is to obtain a national picture of the mix of services that district health boards (DHBs) and non-government organisations (NGOs) are delivering to service users and how this mix is changing over time.

PRIMHD data is used to report on what services are being provided, who is providing the services, and what outcomes are being achieved for service users across New Zealand's mental health and addiction sector. These reports enable mental health and addiction service providers to undertake better-quality service planning and decision-making at the local, regional and national levels.

PRIMHD represents only those activities that are clinically significant or activities significant to a service user's journey. It is not a contract or performance monitoring database. While many individual provider information systems do have the capacity to collect a broader range of staff activities (eg, the travel time associated with an activity), PRIMHD does not capture information about everything a staff member does while they are at work.

Purpose of this guide

The purpose of this guide is to improve national consistency in the way mental health and addiction services, funders and planners and the Ministry of Health PRIMHD national collections and reporting team collect and use PRIMHD referral codes. This guide is not a replacement for the HISO PRIMHD standards but is intended to support a consistent national approach so that the quality of the data reported to PRIMHD improves, which in turn will improve the utility of the national collection.

Intended audience

The intended audience of this guide includes: NGO and DHB service providers (clinicians, data analysts, administrators, DHB and regional coordinators for PRIMHD); portfolio managers, funders and planners; and Ministry of Health PRIMHD national collections and national workforce centres.

Intended use

The intended use of this document is to support the mental health and addictions sector workforce to more accurately capture and record referral information. Specific case scenarios have been developed for all current referral codes detailed in the PRIMHD Code Set Standard HISO 10023.3:2017, with a specific focus on clarifying those that users have interpreted in a range of different ways.

This document should be used in conjunction with:

- **HISO PRIMHD standards, data and code sets**
- **PRIMHD specifications**.

Which referral codes are included?

This guide includes all current HISO **PRIMHD Code Set 10023.3:2017** referral end codes. This first version of the guide focuses on the referral end codes; a later version will also have content for referral from/to codes.

Terms used in this guide

The term 'service user' is used throughout this guide. It is intended to cover all terms used to describe people who access mental health (MH) or alcohol and other drug (AOD) services, including tāngata whaiora, clients and consumers. In some cases, the guide also uses these other terms.

'Mental health and addiction staff member' is used to cover clinicians, practitioners, professionals, nurses and other staff who work in mental health and addiction services. The exceptions are when a scenario mentions a specific role (eg, community support worker) to clarify the circumstances.

Where the guide quotes from existing HISO PRIMHD standards, it keeps the terms used in those resources.

Process for maintaining this guide

This guide is one of the core documents designed to support and improve quality and consistency in the collection and use of PRIMHD data. If you identify issues in the way services collect and/or use specific referral codes or associated PRIMHD data, direct them, in the first instance, to the national collections and reporting PRIMHD team at **primhduserinterface@health.govt.nz**, or the PRIMHD National Stakeholder group or NGO forums.

Reviews of, or updates to, this guide will also be considered in order to coincide with existing PRIMHD processes at each of the following points:

- with each NCAMP change
- at each HISO review
- as indicated by the PRIMHD Governance Group
- within a minimum of 18 months of its first publication.

How to use this guide

This guide is intended to be easily navigated by those who have an existing understanding of PRIMHD codes, such as data analysts, data quality staff, local PRIMHD champions and site coordinators. It includes referral code descriptions, alongside the use of a service user journey model, as much as possible to help clinicians and other staff less familiar with the use of the PRIMHD codes.

Characteristics of referral end code tables

Each referral end code table includes:

- **keywords** associated with the referral code
- the current **HISO PRIMHD Code Set 10023.3:2017 definition**
- **additional comments** to add context and/or business rules related to the code that will help users to identify the correct code
- details of the **'referral to' codes** that are likely to be used along with the end code
- information about how the end code is treated in the **wait times performance measure** report methodology
- a supplementary table of one or more **case scenarios** as examples of the types of referrals the code applies to (see below).

Case scenario table content

Each case scenario includes a set of additional identifiers:

- the **referral end reason** – the circumstances in which the referral has ended
- the correct **referral end code** to use in each instance.

Where useful, a scenario may give a **rationale or business rule** to help clarify the use of the related code.

For some referral codes, the guide provides additional **incorrect use** scenarios to differentiate between one code and another. These additional 'incorrect use' scenarios are shaded grey to distinguish them from those detailing the correct use of the relevant code.

Navigating the case scenarios

This guide is structured for ease of use, with hyperlinks included throughout.

- For an overview of the referral end codes used in specific types of scenarios, see the flowchart and summary in the **Choosing referral end codes** section.

- For further descriptions and detailed scenarios for each referral end code, see the **PRIMHD referral end code case scenarios** section.

For those familiar with the keyboard search functions, **Ctrl+F** also lets you navigate through the document headings and pages, as well as allowing you to search for specific words or phrases.

Wait times

The case scenarios include details of how the referral end codes are treated in the mental health and addiction MH03 wait times performance measure.

For more details about the wait times calculation, see the **Ministry of Health** website.
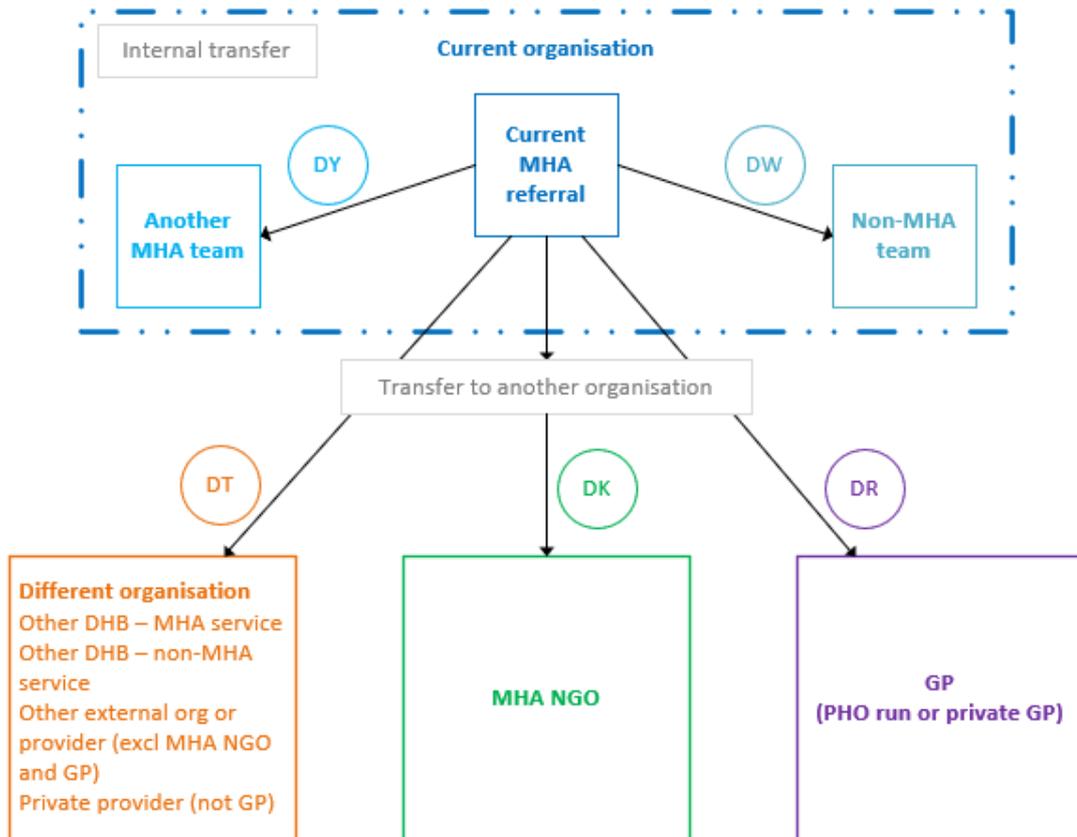
Choosing referral end codes

Figure 1 provides an overview of how to use referral end codes based on the particular circumstances and whether the service user has been receiving services or not.

Figure 1: Referral end code decision flowchart

	Referral end code to select	
Is the referral DECLINED?	**RO**	**Referral declined – Other services more appropriate**
	RI	**Referral declined – Inability to provide services requested**
Did the referral have NO face-to-face contacts?	**DZ**	**Routine discharge – no direct contact required**
	DM	**Tangata whaiora/consumer did not attend following the referral**
Is referral being closed because care or treatment ended prematurely?	**DG**	**Gone No Address or Lost to follow-up**
	DS	**Self discharge**
	DD	**Deceased**
	PD	**Provider Discharge**
	ID	**Involuntary Discharge**
Is this an internal DHB mental health services transfer?	**DY**	**Transfer to another MHA service within same organisation**
Is care/treatment complete and/or discharged on?	**DW**	**Discharge to other service within same organisation**
	DT	**Discharge of tangata whaiora/consumer to another healthcare organisation**
	DK	**Discharge of tangata whaiora/consumer to NGOs that provide MHA services**
	DR	**Ended routinely**

Where a service user's referral results in a transfer, you have a number of different referral end codes to choose from depending on the scenario. Figure 2 provides a summary to help you work out the best referral end code to use.

Figure 2: Referral end options for transfers

PRIMHD referral end code tables

Referral end codes are presented in alphabetical order for easy reference.

DD – Deceased

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Died • Deceased • Suicide	Tangata whaiora/consumer died while registered with team.	Local codes for events like suicide, or discharge of patient kept for sustainable organ donation would map to this code. PRIMHD 'referral to' code should always be 'no further referral' (NR) when the referral end code is DD.	NR	Referrals closed with DD are excluded from MH03 wait times measure if no in-scope activity is attached to the referral.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Person dies while in DHB inpatient unit	A person dies while in a DHB inpatient unit.	DD	Person died while registered with the team.
Person dies while in an NGO residential facility	Person dies while in an NGO residential facility.	DD	Person died while registered with the team.
Person dies in their own home	An NGO learns one of its consumers has died, and for this reason has not been attending appointments.	DD	NGO referral closed with end code DD as person died while registered with the team.
Person reported to have taken their own life	Service receives advice from the coroner that a consumer under their care has died of a suspected suicide.	DD	Local rules may require the referral to remain open while various actions are completed but, once ready for closure, the end code DD will be used.

DG – Gone No Address or Lost to follow-up

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Unable to locate • Moved • Unable to contact	Tangata whaiora/consumer who has been receiving service is unable to be contacted and decision is made to end the referral. Providers should have a local protocol in place to determine when discharge should occur.	Client has been receiving services. The provider decides to end referral because it is unable to contact the client. Local codes for circumstances such as these would be mapped to this code: • moved away • moved out of area and unable to be located • unable to be contacted • lost to follow-up • unable to locate consumer.	Likely to be NR or back to the referrer, eg, general practitioner (GP)	Referrals closed with DG are excluded from MH03 wait times measure if no in-scope activity is attached to the referral.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Unable to contact or locate service user	Person in service disengages without explanation. They do not respond to attempts at contact. Multidisciplinary team (MDT) discusses and closes the referral.	DG	Significant attempts to contact the service user. This may include contacting family or whānau, attempted home visits and phone calls. The decision to close the referral is followed by a written letter advising the service user how to re-engage with the service if needed in the future.
Person has left the area	The person has moved and left no forwarding address. You are unable to contact them through other means.	DG	Person moved and cannot be located.
Person unable to be contacted	You have tried phoning several times and have been to their address multiple times, but you cannot find the person. Their keyworker has not heard from them either.	DG	Person is lost to follow-up when unable to be contacted multiple times and means.

DK – Discharge of tangata whaiora/consumer to NGOs that provide MHA services

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Discharge to NGO	Use this code for transitions to NGOs when the NGO will be the primary provider of that consumer's MHA services. To be used for DHB to NGO and also NGO to NGO transfers.	Code DK added to PRIMHD 1 July 2021. Client has been receiving services. Local codes for circumstances such as these would be mapped to this code: • NGO services such as residential (RE), skills enhancement (SE) or kaupapa Māori (KM) services. See **Figure 2: Referral end options for transfers**.	Likely to be RE, SE, KM	Referrals closed with DK are included in the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Transfer from NGO community services to NGO residential	NGO that provides community support has been supporting the person, but the person is now moving into residential care.	DK	
Transfer from DHB to NGO services	DHB transfers care to NGO to provide follow-up services.	DK	

DM – Tangata whaiora/consumer did not attend following the referral

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
- No participation - DNA - Did not attend - Declined treatment - Discharged before seen	Tangata whaiora/consumer is discharged following non-attendance at planned appointments or no contact following initial referral. Client has not participated in any service activity. Providers should have a local protocol in place to determine when discharge should occur.	Client has not participated in any service activity. A non-face to face T46 triage/screening may have taken place. Local codes for circumstances such as these would be mapped to this code: - did not attend following referral - unable to contact person following referral - person declined treatment - discharged before seen.	Likely to be NR or back to the referrer, eg, GP	Referrals closed with DM are excluded from MH03 wait times measure if no in-scope activity is attached to the referral.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Person declines treatment/services	Referral received. Person is contacted to schedule an appointment. Person declines appointment and advises they do not want the service offered.	DM	Discussed in MDT and closed. Referrer must be advised of outcome of referral. Person has not participated in service activity.
Did not attend scheduled appointment	Referral received. Person is contacted to schedule an appointment. Appointment is arranged, but they do not attend the appointment.	DM	Discussed in MDT and closed.
No participation and declined treatment	One MHA team makes an internal referral to another MHA team, but service user does not engage with the second team and declines treatment.	DM	
Person discharged before seen	Referral received and person contacted by phone to make first appointment. They do not attend or cancel. Subsequent appointments made but the person also misses these. Person has not been seen.	DM	Decision to discharge made until the person is ready to engage.
Unable to contact person following referral	Referral received from GP. Phone calls made to the person referred have gone unanswered and the intake role has sent a letter to the person advising them to make contact in order to book an appointment. No reply is received, and the referral is closed.	DM	Person was unable to be contacted so no assessment could be made. Person has not engaged at all and has had no face-to-face contact with the team.
Declined treatment, not seen or assessed in person.	Referral received from GP. Phone call made to the person referred and appointment booked. The person fails to attend the booked appointment and a DNA is recorded for it. Phone call made to person may be clinically significant but does not involve an assessment. The person referred advises that they have decided they do not want to engage. The referral is closed.	DM	DNA (T35) is recorded, and also the phone contact (may be T46 or T42), along with record of letter back to the referrer advising person did not wish to engage. Even though the service had contact with the potential service user, they did not receive an assessment and did not have any face-to-face contact following the referral. Note: This is not a DS as the person never engaged with the service.

DR – Ended routinely

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Treatment complete • Goals achieved • Return to GP	Completion of treatment/programme/goals.	Client has been receiving services. Local codes for circumstances such as these would be mapped to this code: • treatment complete • return to GP (includes any primary health organisation (PHO), primary care or private GP). See **Figure 2: Referral end options for transfers**.	Likely to be GP	Referrals closed with DR are included in the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Routine discharge, return to GP	Episode of care with secondary mental health services has reached completion and service user is transferred back to their GP. GP becomes the lead provider for the service user.	DR	No further treatment or follow-up from secondary MHA services (and/or team who provided the care). For any internal referral transfers, use **DY – Transfer to another MHA service within same organisation**.
Goals achieved	Person has had at least one face-to-face contact and has met their agreed goals and/or completed their treatment.	DR	Ended routinely.
Return to GP	Service user who has been receiving services is discharged back to the GP after meeting goals.	DR	
Return to GP after services delivered solely by audiovisual means	Service user who has received all services via audiovisual means is discharged back to the GP after meeting goals.	DR	DR is the correct code here as the person has received services and had direct contact, even though via audiovisual means.

DS – Self discharge

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Has been receiving services • Client wishes to stop receiving services • Service user has declined further treatment	Tangata whaiora/consumer has informed the service provider they no longer wish to receive services and discharge has resulted.	Client has been receiving services and had at least one face-to-face contact recorded. Local codes for circumstances such as these would be mapped to this code: • self discharge from hospital or NGO • indemnity signed • self discharge from hospital (no indemnity) • DNA following activity or treatment • did not want to attend further activities after participating in an initial assessment • self discharge.	Likely to be NR, GP	Referrals closed with DS are included in the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Person wants to stop services	Person who you have been supporting decides they do not want your service anymore.	DS	Self discharge after receiving services
Person wants to stop services	Person sacks you as their provider.	DS	Self discharge after receiving services
Self discharge	Triage team reviews a person at emergency department on request from medical team. Person is reviewed and deemed 'safe' to self and others (ie, does not meet any of the limbs of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (MH Act)) and person declines MHA services.	DS	Tangata whaiora/consumer has informed the service provider they no longer wish to receive services and discharge has resulted. Note: This is not DM as triage/assessment has occurred.
Service user self discharges from the MHA inpatient unit	Service user who was an MHA inpatient decides to leave. Inpatient staff believe they are not yet clinically ready for discharge but cannot hold the person under the MH Act so the service user self discharges.	DS	Self discharge after having received services

DT – Discharge of tangata whaiora/consumer to another health care organisation

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Discharge to another organisation • Can be MHA or non-MHA	Discharge of tangata whaiora/consumer to another health care organisation. Use this code for: • discharge to a non-MHA organisation • discharge from an NGO to DHB (either MHA or non-MHA service) • discharge from DHB to DHB (either MHA or non-MHA service) • discharge to a private provider (not GP). For discharges to NGOs providing MHA services, use code DK. For discharges to GP, use code DR.	Has been receiving services. Local codes for circumstances such as these would be mapped to this code: • referred to another MHA service – external • transfer to another DHB MHA service • transfer out of DHB • external referral • seen private. Do not use for transfer to NGO – use code **DK – Discharge of tangata whaiora/consumer to NGOs that provide MHA services** Do not use for return to GP (PHO or private GP) – use code **DR – Ended routinely**. See **Figure 2: Referral end options for transfers**.	Likely to be PP, CM or PI	Referrals closed with DT are included in the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Discharge external	Service user transfers to another (non-NGO) service that is external to the current organisation.	DT	If the external service is an NGO, use code **DK – Discharge of tangata whaiora/consumer to NGOs that provide MHA services**.
Discharge from NGO to a DHB	Person who an NGO has been supporting is discharged to a DHB service.	DT	
Discharge from DHB to another DHB MHA service	Service user moves to a new area and transfers to another DHB MHA service.	DT	
Person discharged to a non-MHA service in a different organisation	Person is receiving service for a suspected eating disorder. However, investigations reveal medical reason for weight loss and person is referred to gastroenterology for assessment and treatment.	DT	Referral sent to non-MHA service at different organisation. Referral closed at mental health service using DT.
Discharge from NGO to another NGO	Person you have been supporting is discharged to another NGO.	DK	All referrals to NGOs should use code **DK – Discharge of tangata whaiora/consumer to NGOs that provide MHA services**.
Discharge from DHB to an NGO	Service user transfers from DHB to an NGO.	DK	All referrals to NGOs should use code **DK – Discharge of tangata whaiora/consumer to NGOs that provide MHA services**.
Discharge back to GP	Episode of care with secondary mental health services has reached completion and service user is transferred back to their GP. GP becomes the lead provider for the service user.	DR	Referrals back to GP should use code **DR – Ended routinely**.
Transfer to another MHA service within the same DHB or NGO	Service user transfers from an MH team to an AOD team within the same organisation.	DY	Use **DY – Transfer to another MHA service within the same organisation** as this is an internal MHA transfer.
Transfer to a non-MHA service within the same DHB	Person receiving services at an adult mental health service transfers to neurology team when organic cause is found for presentation.	DW	Use **DW – Discharge to other service within the same organisation** as this is an internal transfer to a non-MHA service.

DW – Discharge to other service within the same organisation

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Discharge to non-mental health service	Discharge to a non-mental health and addiction service within the same organisation.	Client has been receiving services. Local codes for circumstances such as these would be mapped to this code: • transferred or discharged to other service within same organisation • referred internally – non-MHA service Do not use for transfer to another MHA service at the same organisation – use code **DY – Transfer to another MHA service within the same organisation**. See **Figure 2: Referral end options for transfers**.	Likely to be NP	Referrals closed with DW are included in the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Person discharged to a non-MHA service in the same organisation	Person receiving service at an adult mental health service transfers to neurology team when organic cause is found for presentation.	DW	Referral sent to non-MHA service within same organisation, closed at mental health service using DW.
Person discharged to a non-MHA service in the same organisation	Person is receiving service for a suspected eating disorder. However, investigations reveal medical reason for weight loss and person is referred to gastroenterology for assessment and treatment.	DW	Referral sent to non-MHA service within same organisation, closed at mental health service using DW.
Discharged internally to non-MHA service	Person is discharged from mental health team to housing services within your organisation.	DW	
MH inpatient sent to emergency department for treatment for a medical event	MH inpatient service user suffers a medical event that needs emergency treatment in emergency department. Service user is discharged from MH inpatient admission and sent to emergency department for treatment.	DW	Immediate care required by a non-MH service at the same organisation. Use if the MH inpatient admission needs to be ended for the transfer to emergency department (even if it is expected that the service user will return to the MH inpatient unit).

DY – Transfer to another MHA service within same organisation

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Transfer • Internal transfer • Transfer of care	Use this code for internal transfers between mental health and addiction teams.	Code DY added to PRIMHD on 1 July 2021. Client has been receiving services. To be used for transfers internally to other MHA services at the same organisation (previously DR was used for this). Local codes for circumstances such as these would be mapped to this code: internal MHA transfer transfer to local MHA team internal transfer. See **Figure 2: Referral end options for transfers**.	Likely to be CA, CM	Referrals closed with DY are included in the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Person transferred to another MHA service within the same DHB	Person has received service from a mental health crisis team and is referred on to the appropriate community mental health team (eg, adult mental health services).	DY	Person receiving intermittent crisis care has their referral closed to that team and opened with the appropriate mental health service who will provide further care.
Person transferred to another MHA service within the same DHB	Person is receiving services from adult community mental health services in one town but moves to another town that is covered under the same DHB.	DY	Person relocates from one area to another within the same DHB. Referral is transferred from referring service using DY and a referral is opened at the receiving service/location.
Internal transfer	Person who has been supported by crisis respite team moves to community team in the same organisation.	DY	The service user may or may not have already been receiving services from the community team prior to the contact with the crisis team.
Inpatient ward transfer	Person is moved between MH inpatient units in the same organisation.	DY	
MH inpatient unit discharges service user to the care of a community MH team at the same organisation	MH inpatient stay is ended. Service user is discharged to the community MH team at the same organisation.	DY	The service user may or may not have already been receiving services from the community team prior to the inpatient admission.
Person transferred to another service within the same NGO	Person moves from youth MHA service to adult MHA service within same organisation when they turn 20 years old.	DY	Change in age range required person to transfer to another service in the NGO.
Care continued by another MHA team at same organisation already caring for service user	Service user is currently under the care of both an AOD team and a community MH team. The service user no longer needs the support of the AOD team, which discharges them. However, the community MH team will still be following up this service user.	DY	This is an internal transfer to the community team. The AOD referral has ended, and transfer of care is moved to the community team.
Person is transferred to another mental health team in a different DHB	Service user moves to a new area and transfers to another DHB MHA service.	DT	This is not an internal transfer. Use code **DT – Discharge of tangata whaiora/consumer to another health care organisation** for external transfers of care.

DZ – Routine discharge – no direct contact required

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Advice given	Use this code for referral discharges not requiring face to face assessment eg, outcome includes information or advice given.	Code DZ added to PRIMHD on 1 July 2021. Client may have had a contact but no assessment/direct/face-to-face activity. Local codes for circumstances such as these would be mapped to this code: • consult liaison • coordinator solution • referral for advice only • special authority renewal • telehealth service • advice given.	Likely to be back to the referrer, eg, GP	Referrals with end code DZ are excluded from the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Triage/assessment with no direct contact required	Referral received. Service user is contacted and triaged by phone. Assessment details are discussed with MDT. Plan and advice are provided to GP.	DZ	Excludes face-to-face triage assessments. Assessment and referral outcome must be shared with GP/referrer and service user.
Advice/assessment/review with no direct contact required	Referral received and discussed in MDT. Service provider gives the referrer recommendations and advice on the matter they asked about rather than accepting service user into the service.	DZ	Assessment and referral outcome must be shared with GP/referrer and service user. This could include further phone conversation with the referrer to clarify information and/or seek further information.
Advice only	Support provided by phone only for navigation to services in the community.	DZ	
Phone service only	Telehealth service.	DZ	
Tests only ordered in line with GP request (No face-to-face service user participation)	GP, following dementia pathway, completes a referral requesting a psychiatrist to order head CT tests. Psychiatrist makes a request for these tests and the referral is closed without seeing the person. Psychiatrist has no direct contact with the person who was the subject of the referral.	DZ	GP unable to request tests and provides psychiatrist with all the information needed in line with a previously agreed pathway. Psychiatrist orders the tests and, following the agreed pathway, GP reviews the results of the test.
Renewal of special authority without contact (No face-to-face service user participation)	GP requests a renewal of special authority for medication. GP provides all the necessary information to the psychiatrist, who is satisfied that none of this information indicates they need to see this person before granting the renewal. Psychiatrist grants renewal without seeing the person and advises GP of this, and referral is closed with no direct contact with the service user.	DZ	The GP or other health professional has provided all the necessary information for the MH clinician to provide the specific advice requested. T08 activity is recorded. The MH clinician has no direct contact with the person on whom the advice was sought.
Advice only request (No face-to-face service user participation)	GP requests advice on medication and provides all the necessary background information. Psychiatrist provides this advice via email or phone, or in person directly to the GP, without having to see or assess the person concerned.	DZ	The GP has provided all the necessary information for the MH clinician to give the specific advice requested. T08 activity is recorded. The MH clinician has no direct contact with the person on whom the advice was sought.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Support provided without face-to-face contact	Phone contact is made with a new service user and several clinically significant contacts including brief assessment are made over the phone over several days. It is established after three days of phone contact that the service user is now able to deal with the situation without any further intervention and the referral is closed. No face-to-face contact occurred.	DZ	Service user identified as needing input from MHA team and benefited from clinical advice. They are then discharged without needing any face-to-face treatment. The service user initially did meet criteria for support and is therefore not considered to have been declined because contact and services were provided over a short period of time, and at time of discharge the service user no longer required services of that team.
Services delivered solely by audiovisual means	Service user receives all services via audiovisual means and is discharged back to their GP following completion of goals.	DR	DZ is not the right code to use here as the service user has received direct contact via audiovisual means. Use code **DR – Ended routinely**.
Advice sought for non-specified service user	GP or other health professional requests advice/consult liaison for non-specified person. Advice is given but National Health Index (NHI) number is not known, and no referral is opened.	(Not applicable)	Not reported to PRIMHD.

ID – Involuntary discharge

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Necessary to discharge • Externally mandated	Requirement for the tangata whaiora/consumer to be discharged by other agencies (eg, justice or prison). End of involvement with the service, where the decision to end involvement was not made by either service provider or tangata whaiora/consumer. Use Case: 1. A client receiving community based treatment, who breaches probation conditions and returns to prison, can no longer attend services. 2. DHB discharges tangata whaiora/consumer from their services and requires NGO to also discharge the tangata whaiora/consumer from their services. This may be against the combined wishes of the service user and against the NGO's choice. Individual Provider Contract is exited by DHB Planning and Funding so the service must cease.	Client has been receiving services. Local codes for circumstances such as these would be mapped to this code: • externally mandated discharge • prison transferred – out of area. This code may be more applicable for NGOs to use than for DHBs.	Likely to be NR	Referrals closed with ID are excluded from MH03 wait times measure if no in-scope activity is attached to the referral.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Externally mandated discharge due to probation breach	Service user, whānau and service provider all do not want the service user discharged, but discharge is required because the service user broke probation and is being returned to prison.	ID	
Externally mandated by DHB due to contract termination	DHB advises the NGO that it must discharge the service user as the DHB contract with the service provider is terminated.	ID	
Court ordered return to prison	The tangata whaiora/consumer is a service user of a community mental health team while on bail. After a planned court appearance, bail is revoked, and they are ordered to return to prison.	ID	Tangata whaiora/consumer is no longer able to attend the service so is discharged.
	Service user is released from prison and no longer under the care of the forensic team.	ID	
	Service user is transferred to a prison out of area and no longer under the care of the forensic team.	ID	

PD – Provider Discharge

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Non-compliance • Breach • Risk to others	Provider cannot continue to provide service, eg, tangata whaiora/consumer was a risk to others / did not adhere to agreed programme.	Client has been receiving services. Local codes for circumstances such as these would be mapped to this code: • breach of contract. This code may be more applicable for NGOs to use than DHBs.	Likely to be NR	Referrals closed with PD are included in the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Not adhering or complying with programme or treatment	Service user is not adhering to agreed programme or treatment plan and service provider can no longer provide services.	PD	Service decides no further therapeutic benefit can be gained at this time and so discharges before completion of treatment.
Risk to others	Person is discharged from addiction rehabilitation because they pose a risk to the recovery of other people in the programme.	PD	Service decided to discharge the person before completion of treatment.
Breach of contract	Person repeatedly brings drugs and alcohol onto residential provider site.	PD	Breach of contract.

RI – Referral declined – inability to provide services requested

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Referral declined • Insufficient resources	Example: Services unable to be provided due to resource limitations at the time the referral was made (where these services could be provided if resources were available).	Client has not participated in any activity. Local codes for circumstances such as these would be mapped to this code: insufficient resource. DHBs might not use this code regularly.	Likely to be back to the referrer, eg, GP	Referrals closed with RI are excluded from the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Insufficient resources	Internal referral for a specific intervention, which is declined due to a lack of capacity.	RI	
Insufficient resource	Person referred requires clinical oversight, but provider does not have an available clinician due to vacancy.	RI	

RO – Referral declined – other services more appropriate

Keywords	HISO PRIMHD description	Additional comments	Referral to	Wait times
• Referral declined • Other services more appropriate	Example: Where another service is better placed to provide the specific care required, such as ACC, primary mental health services, forensic services, NGO, KM, etc.	Client may have received an assessment. Local codes for circumstances such as these would be mapped to this code: • referral declined • inappropriate/not eligible/referred on/does not meet criteria • no contract to provide requested service.	Likely to be back to the referrer, eg, GP	Referrals closed with RO are excluded from the MH03 wait times measure.

Referral end reason	Case scenario	PRIMHD referral end code	Relevant business rules or rationale
Does not meet criteria	Referral received and service user is screened only. Service user does not meet criteria for specialist MHA services. No direct contact or assessment with service user.	RO	Advice back to referrer.
Assessed and does not meet criteria	Referral received and service user receives a face-to-face assessment that determines they do not meet criteria for MHA services.	RO	The referral may not have included enough information to determine if the person met the criteria or not and was therefore assessed in person by the MH clinician. The outcome of the assessment and MDT found the person did not to meet the criteria to be seen by MHA services.
Wrong service for person	Person is referred to mainstream service when they wanted a kaupapa Māori provider.	RO	
Not eligible	Person has an intellectual disability only and not mental health and addiction diagnosis, so other services are more appropriate.	RO	
Referral for MHA services and at the point of triage, it is determined that MHA services may not be the most appropriate service for the person at the time of referral	On review, or discussion it is apparent that [talking therapy / wellbeing / people with a disability / parent and whānau / youth development / community / substance use and recovery] services are more appropriate at the time of the referral.	RO	