Health New Zealand
Te Whatu Ora

Programme for the Integration of Mental Health Data

FILE SPECIFICATION

Prepared By: Health New Zealand – Te Whatu Ora

Effective Date: 01 July 2024

Version 2.8

Document Control

Document History

Date	Version	Description of Changes
01 July 2024	V2.8	Updated the description for team type 11 which was incorrectly "A & D Dual Diag" where it should be "Co-existing Problems". Updated activity type and team type matrix due to the retirement of T36 and T42 and the introduction of T53. Corrected the activity type and team type matrix for team type 12 – intellectual disability dual and 26 – intellectual disability.
01 July 2023	V2.7	Updated to reflect the new Health of the Nation Outcome Scale of Infants (HoNOSI) Section 5.1.2 Edited the term Gender Diverse to Another Gender Section 5.5.2—added Clinical Code System 16 (ICD-10-AM Twelfth edition)
01 July 2022	V2.6	Updated to reflect the transfer of responsibility for PRIMHD from The Ministry of Health to Health NZ. Updated Ethnicity references to the current standard. Update Privacy references to the current Privacy Act and Health Information Privacy Code Update DHBs to Districts
13 January 2022	V2.5	Section 5.4.1 FWI updated to Mandatory
1 July 2021	V2.4	Section 5.2.2, 5.3.2 and 5.10.2—Added file version 2.4. Section 4.1.6 and 4.1.7 Updated ACTIVITY XML Instance Representation Section 4.2.3 Updated Explanation of DIFFERENCES Segment Section 4.4.1 Updated Logical Data Model Section 5.2.2 File version change Section 5.4.1 Added FWI to AT Record Data Elements Section 5.4.2 Added FWI to AT Record Code Set Elements Section 5.4.3 Added AT Code / FWI Code Matrix Section 5.4.4 Added FWI to AT Record Business Rules Section 5.9.3 Retired 3 SC Record Business Rules Section 5.9.4 Retired 3 SC record response messages Section 5.10.2 Updated file version Section 5.10.5 Updated Team Type and Activity Type Matrix for team type 24
20 Dec 2019	V2.3.6	Section 5.1.2 Added code O Gender Diverse. Removed code I Indeterminate Section 5.3.2 Removed referral code OP. Added referral codes AC and OL. Section 5.5.2 Amended SNOMED code from 8 to 50 Section 5.10.5 activity type team type matrix for new team type 26 and new activity type code T51.
1 July 2019	V2.3.5	Section 1.8 Updated email address to health.govt.nz primhduserinterface@health.govt.nz

		Section 5.5.2—added Clinical Code System 15 (ICD-10-AM 11th edition) Section 5.9.3 & 5.9.4 - Added explanatory wording to RM-P122-29, RM-P122-30 and RM-P122-31 Section 5.10.5 – updated T27 & T28 descriptions Corrected RM-P62-39 Replaced Error with Warning
25 June 2018	V2.3.4	Section 5.8.3 & 5.8.4 – update to BR-P91-18 and RM-P92-19 to extend exceptions to codes 06, 98 or 99.
28 June 2017	V2.3.3	Section 3.3.3 Amendment to effect for DELETED_FLAG present with value “DELETED” Amended error code message reference for Focus of Care related to BR-P71-20 in 5.6.4
27 May 2016	V2.3.2	Corrections to BR-P121-07, BR-P121-12, RM-P92-23 and RM-P122-26
28 January 2016	V2.3.1	Sections 5.9.3 and 5.9.4—Left-padded one-digit business rule and response message references to two digits.
30 November 2015	V2.3	Section 4—Referred to Supplementary Consumer Record throughout where necessary. Updated the XML Schema representations in Sections 4.1.2 and 4.1.3 to include Supplementary Consumer Records. Inserted Sections 4.1.14 and 4.1.15—Representations of the Supplementary Consumer Record XML Entity. Sections 4.3.1 and 4.3.2—Added the Supplementary Consumer Record data element. Section 4.4.1—Updated the logical data model to include Supplementary Consumer Records. Section 5.2.2, 5.3.2 and 5.10.2—Added Version 2.3. Section 5.2.3—Added BR-P31-16 and BR-P31-17. Section 5.2.4—Added RM-P32-32 and RM-P32-33. Section 5.4.3—Added T50 to BR-P51-10. Section 5.5.4—Added ‘Retired’ to RM-P62-33, which was retired previously. Section 5.7.3—Added BR-P81-09. Section 5.8.3—Added Outcome Item Codes 21, 22 and 23 to BR-P91-12. Inserted Section 5.9—Structure, code sets, validations, business rules and response messages for Supplementary Consumer Records. Section 5.12.5—Added Activity T50 to the matrix with its combinations of valid Team Type codes.
22 January 2015	V2.2.2	Update the Team Type and Activity Type Matrix in Section 5.9.5 to remove T34/02 and add T34/03.
18 March 2014	V2.2.1	Section 5.4.4—Corrected wording of RM-P52-23 Section 5.5.4—Retired RM-P62-33 Section 5.6.3—Updated BR-P71-17

		Section 5.6.4—Updated RM-P72-28
3 March 2014	V2.2	Minor changes throughout to improve wording, punctuation and to reflect the present state of the PRIMHD collection. Section 3.2.1—added clarifications about referrals needing to include all child records every time they are sent and about data in XML files that error not being loaded into PRIMHD. Section 4.1.8—removed Issue Coding System ID, Issue Type and Issue Code Value elements from the Referral Discharge XML schema. Section 4.3.1—removed Issue Coding System ID from Classification element. Section 4.4.1—removed Issue Coding System ID, Issue Type and Issue Code Value from the logical data model. Section 5.2.2—added Versions 2.1 and 2.2. Section 5.3.2—updated code sets to reflect the HISO Code Set document. Section 5.4.3—updated BR-P51-10 to include activity types T46, T47 and T49; updated BR-P51-11 to include activity type T48; updated BR-P51-15 to include T47 and T49. Section 5.4.4—updated RM-P52-33 to include T47 and T49. Section 5.5.1—removed Issue Coding System ID, Issue Type and Issue Code Value from CN Record Details; made Clinical Coding System ID, Diagnosis Type and Clinical Code Value mandatory. Section 5.5.2—added Clinical Code System 14 (ICD 10-AM eighth edition); removed code sets for Issue Coding System ID, Issue Type and Issue Code Value. Section 5.5.3—update BR-P61-01 to add Clinical Coding System Id, Diagnosis Type, Clinical Code Value and RM-P62-54, RM-P62-55 and RM-P62-56; retired BR-P61-03, BR-P61-08, BR-P61-09, BR-P61-11, BR-P61-12, BR-P91-13, BR-P61-14; added ID to BR-P61-16. Section 5.5.4—retired RM-P62-09, RM-P62-10, RM-P62-11, RM-P62-26, RM-P62-27, RM-P62-29, RM-P62-30, RM-P62-31, RM-P62-32, RM-P62-34, RM-P62-35, RM-P62-36; Added RM-P62-54, RM-P62-55, RM-P62-56. Section 5.6.2—updated code sets to reflect updated HISO code set document. Section 5.6.3—added BR-P71-19 AND BR-P71-20. Section 5.6.4—added RM-P72-30 AND RM-P72-31. Section 5.7.2—updated code sets to reflect updated HISO code set document.

		Section 5.8.3—updated BR-P91-10 to reflect that this rule does not apply to Outcome Tool Type M1 (ADOM); added BR-P91-12, BR-P91-13, BR-P92-14, BR-P91-15, BR-P91-16, BR-P91-17, BR-P91-18, BR-P91-19, BR-P91-20, BR-P91-21, BR-P91-22. Section 5.8.4—added RM-P92-14, RM-P92-15, RM-P92-16, RM-P92-16, RM-P92-17, RM-P92-18, RM-P92-19, RM-P92-20, RM-P92-21, RM-P92-22, RM-P92-23. Section 5.9.2—updated code sets to reflect updated HISO code set document. Section 5.9.5—retired Team Types 04, 06, 07, 09, 10, 13, 19, 20, 21, 22, 23; added Team Types 24 and 25; retired Activity Types T09, T25 and T26; updated activity type team type pairs to reflect the present state.
11 April 2012	V2.1.2	Removed BR-P41-19, BR-P41-20, BR-P41-21, RM-P42-44 and RM-P42-45 due to duplicate referral validation not being implemented.
19 March 2012	V2.1.1	Includes changes requested during the course of the 2012 National Collections Annual Maintenance Project (NCAMP12) including: **Section 2.2.3** Updated to add that “delegated DHB Shared Agencies” can obtain access to PRIMHD data. **Section 2.2.6** Updated to reflect the current situation of national reports available. **Section 2.2.7** Additional detail added to confirm the methodology for reporting of inpatient transfers to PRIMHD. **Section 3.2.1 – Step #1** Additional detail added to confirm the expectation for referrals with open bednight activity records to be included in extracts while the referrals remain open. **Section 3.2.1 – Step #2** Clarified the meaning of the timestamp in file naming structures – “YYYYMMDD refers to the date the files were extracted”. **Section 3.2.1 – Step #4** Details added about acknowledgment files prefixed with “ERROR” (see also section 4.2.1). **Section 3.2.1 – Step #5** Updated to include expectation for correction of errors in file processing. **Section 3.2.1 – Steps #6-8** Step 6 referring to Web Services Interface removed. Steps 7 and 8 (renamed to steps 6 and 7) updated to include details of “PRIMHD Online”. **Section 5** Added reference to the PRIMHD Data Set document.

		Sections 5.3.3 and 5.3.4 Business rules and response messages updated to ensure that Referral To, Referral End Code and Referral End Date are all be supplied when any one of the fields is supplied. Retired: BR-P41-13, RM-P42-35, RM-P42-36 Added: BR-P41-22, RM-P42-46 Business rules and response messages updated to separate errors relating to the referral end date time being before the activity end date time, classification end date time or collection occasion end date time. Retired: BR-P41-12, RM-P42-34 Added: BR-P41-23, RM-P42-47 Business rules and response messages added to prevent the creation of duplicate referrals. Added: BR-P41-19, BR-P41-20, BR-P41-21, RM-P42-44, RM-P42-45 **Section 5.5.4** RM-P62-48 – description corrected to be “Error” instead of “Warning”. **Section 5.7.3** Introduction of business rule BR-P81-08 – HoNOS Secure and HoNOS LD outcomes must be reported on applicable referrals on or after 1 July 2012. **Section 7** Removed. Full details of document revisions for previous versions can be found in v2.1 of the File Specification document.
15 September 2009	V2.1	Changes following bug fixes and enhancements to ODS.
1 July 2009	V2.0	NCAMP changes to LS code set and File Version number change.
1 September 2008	V1.4	Changes following further testing
1 July 2008	V1.3	Changes following testing.
31 March 2008	V1.2	Changes following prototyping and feedback from DHBs and Vendors
28 March 2008	V1.02	Inserted Activity Type by Team Type cross-referenced matrix into Section 5.9 Team Record and tidied-up other page break formatting through-out document
12 December 2007	V1.01	Edited version following peer review and comments from signatories.
11 December 2007	V1.00	Release Version for Sign-off
11 December 2007	V0.04	PRIMHD Team Workshop Updates - Final
10 December 2007	V0.03	Feedback from first Peer Review
7 December 2007	V0.02	Added Technical Architecture Content
4 December 2007	V0.01	Initial Draft derived from Business Rules Specification DRAFT v0.05

Associated Documents

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

Table of Contents

1 Introduction

1.1 Purpose

The purpose of this document is to identify the following information in the PRIMHD national collection for the intended audience below:

- Data Formats
- Data Code Ranges
- Global Business Rules
- Validation Rules
- Logical Data Model
- XML Messaging Specification

1.2 Intended Audience

The intended audience for this document is:

- Those who use PRIMHD Data. This includes all districts, NGO, Health NZ, and Ministry of Health Mental Health Group staff.
- Ministry of Health, Health NZ, and NGO business and data quality analysts involved in supporting and maintaining PRIMHD systems, collections, and data.
- Districts and NGO staff or their representatives responsible for submitting PRIMHD data to Health NZ.
- PMS Vendors and Middleware Software Solutions Suppliers to districts and NGO organisations who are responsible for developing or delivering the technical capability to enable districts and NGO staff or their representatives to submit PRIMHD data to Health NZ for loading into the National Collection.

A list of definitions and a glossary of terms used in this document can be found in Appendix E.

1.3 PRIMHD Objectives

The primary objective of PRIMHD is to provide integrated Mental Health interventions, service activities and outcomes information for decision support and monitoring of strategy and policy formation for Mental Health in New Zealand. A by-product of this will be local benefits around benchmarking and the ability to use local data for planning and service improvement.

The objectives of the project which implemented PRIMHD were to:

- merge MHINC and MH-SMART data items into a single new integrated national collection
- fill the gaps identified in the current Mental Health data collections
- Create an episodic view of the Mental Health data
- work with the sector to create a new national standard of well-defined and accepted set of data definitions, common code sets, validation rules and business rules, including privacy, regarding information capture and use

- Create the minimum data information standard that shows Mental Health services, interventions and outcomes activities from both NGO and districts perspectives.

1.4 National Health Information Principles

The guiding principles for national health information are:

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

1.5 Compliance with Standards

1.5.1 Overview of Standards

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

1.5.2 HISO and Other Standards in PRIMHD

Health Information Standards Organisation (HISO) leads the development, establishment and review of national dataset definitions, code sets, terms (such as 'ethnicity'), and other health information standards in consultation with health sector representatives.

The HISO standards included in PRIMHD are:

HISO	Ministry of Health. Ethnicity Data Protocols for the Health and Disability Sector. Wellington: Ministry of Health, 2017. Refer to Appendix D
HISO	Health Practitioner Index Common Code Set.
HISO	10005 HPI Data Set. Wellington: Ministry of Health, 2008.
HISO	10006 HPI Code Set. Wellington: Ministry of Health, 2008.
HISO	10011 RSD Business Process. Wellington: Ministry of Health
HISO	10023.1 PRIMHD Data Process. Wellington: Health NZ, 2023
HISO	10023.2 PRIMHD Data Set. Wellington: Health NZ, 2023
HISO	10023.3 PRIMHD Code Set. Wellington: Health NZ, 2024

Other standards included in PRIMHD are:

AS/NZS 7799.2	Information security management. Part 2: Specification for information security management systems. (This Standard was redesignated from AS/NZS 4444.2:2000.)
ISO/IEC 17799	Information Technology—Code of practice for information security management. (This Standard supersedes AS/NZS 4444.1:1999.)
ISO/IEC 11179	ISO Standard 11179-3 Information technology – specification and standardization of data elements. Part 3: Basic attributes of data elements, 1994.
HL7 V2.4	Health Level Seven Standard Version 2.4. Ann Arbor: Health Level Seven Inc., 2001.
ISO 8601	In order to comply with BSI DISC PD2000-1 1998, which the Ministry of Health has adopted as the required metric for Y2K compliance, all dates submitted in these files must conform to ISO 8601 (CCYYMMDD).

1.6 Connection to National Systems

Given the requirement for nationally consistent data, health and disability service providers are required to use the national systems, standards and protocols where reasonable. For this reason health and disability agencies and service providers are encouraged to connect directly to the national systems (e.g. The NHI).

Direct access provides:

- secure communication protocols that meet the privacy requirements
- improved timeliness of data reporting for monitoring purposes
- reduced costs for processing and transmitting data supplied to the national systems.

1.7 Authority for Collection of Health Information

The Ministry of Health's mandate (now extended to Health NZ) to collect health information is set out in legislation—in particular—in Section 22 of the Health Act 1956, Section 139A of the Hospitals Act 1957, the Cancer Registry Act 1993, and the Health Practitioners' Competence Assurance Act, 2003.

The collection, storage and use of health information is also governed by the Privacy Act 2020, the Health Information Privacy Code 2020, and the Accident Insurance Act 1998.

1.8 Contacts

If you have any queries concerning this PRIMHD File Specification, please contact Health NZ via the following customers' services channels.

Email: primhduserinterface@health.govt.nz

Web: https://www.tewhatuora.govt.nz/

2 National Data Warehouse & PRIMHD Collection

2.1 Scope

2.1.1 Purpose

The National Data Warehouse was established to collect and store data logically to use for dissemination, enabling Health NZ Information Analysts, and other Sector Stakeholders to carry out reporting and ad hoc queries of the monthly information submitted by districts and NGO providers to Health NZ.

PRIMHD is a high-level national collection within the national data warehouse that:

- allows Health NZ and districts to interrogate and report data to monitor the implementation of the national mental health strategy and policy
- provides data extracts and reports for research into the provision of mental health services
- allows data providers to compare and report their submitted data against national averages and trends.

2.1.2 Content

PRIMHD provides an integrated collection of service and outcome information for healthcare users within the mental health service.

The MHINC/MH-SMART feasibility project examined the issues that surrounded the integration of two quite different data collections. The sector recognised the value of the MHINC data collection; however, it was also felt that with the introduction of MH-SMART there was an opportunity to address some of the underlying actual and perceived issues with MHINC. The sector recognised the difficulties that would be created, and the associated costs of having two distinct national collections that it was recommended that a single national collection be established, hence the creation of the PRIMHD project.

PRIMHD contains information on the provision of secondary mental health and alcohol and drug services purchased by the Mental Health Group and Districts. This includes secondary inpatient, outpatient and community services provided by hospitals and non-government organisations (NGOs). The information stored includes details of referrals into and discharges from, services provided, outcome collection information, as well as all service activity, provider teams, legal status, diagnosis and issues classifications and also demographic information (such as sex, date of birth, ethnicity).

The collection does not currently include information on primary mental health services, for example, from GPs and PHOs.

2.1.3 Start Date

The start date for PRIMHD was 1 July 2008.

2.2 Utilisation

2.2.1 Guide for Use

Any data to be included in the system will have to be provided in the format specified in this document.

PRIMHD is dependent upon the quality of the information in the District and NGO providers' systems and their PMS vendors' compliance with National Information Standards.

2.2.2 Frequency of Updates

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

2.2.3 Security of Data

PRIMHD is only accessed by authorised Health NZ and Ministry of Health staff for maintenance, data quality, analytical and audit purposes.

Authorised members of the Ministry of Health's Mental Health Group have access to the data for analytical purposes via the Business Intelligence reporting tools and the secure Health Information Network.

Districts, NGO providers and delegated Shared Agencies can also obtain access to their own submitted data through the use of the Business Intelligence reporting tools and the secure Health Information Network.

2.2.4 Privacy Issues

Health NZ is required to ensure that the release of information recognises any legislation related to the privacy of health information, in particular the Official Information Act 1982, the Privacy Act 2020 and the Health Information Privacy Code 2020.

Information available to the general public is of a statistical and non-identifiable nature.

Researchers requiring identifiable data will need approval from an Ethics Committee.

2.2.5 Data Provision

Customised datasets or summary reports are available on request, either electronically or on paper. Staff from Health NZ Data Services team can help to define the specifications for a request and are familiar with the strengths and weaknesses of the data.

Data Services team also offers a peer review service to ensure that Health data is reported appropriately when published by other organisations.

There may be charges associated with data extracts.

2.2.6 National Reports and Publications

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

2.2.7 Collection Methods

All hospitals and NGOs that receive government mental health and alcohol and other drug funding are contractually required to send timely, accurate and complete data to PRIMHD, including:

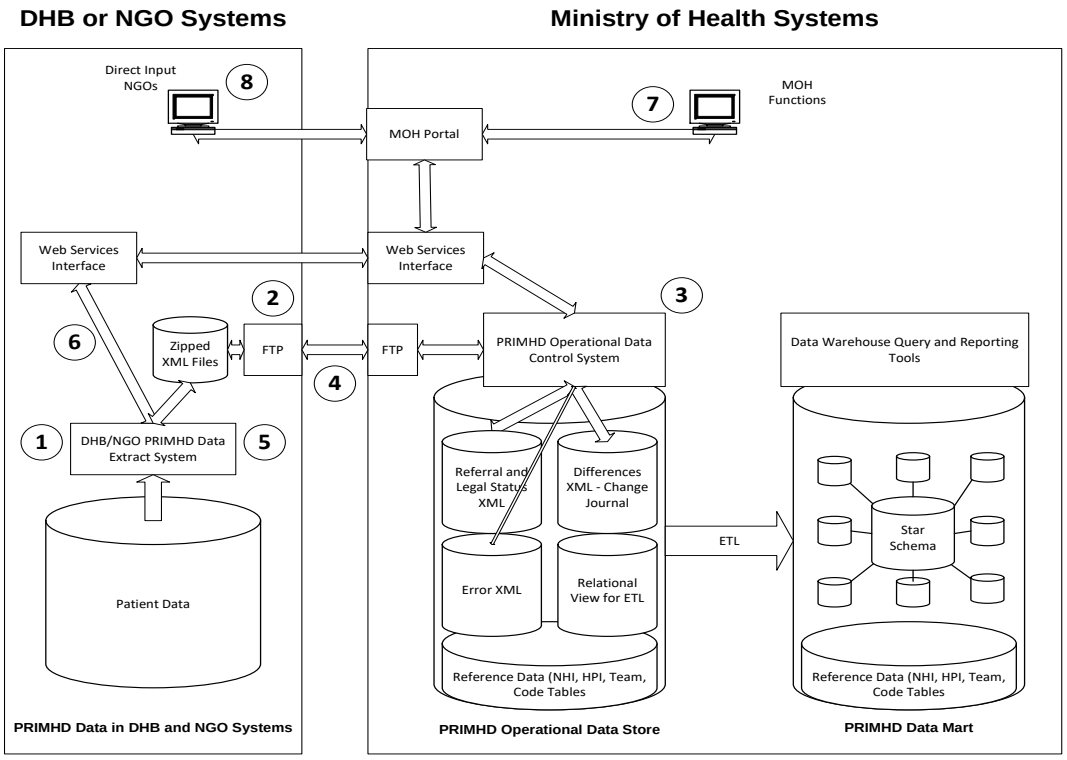
- publicly funded hospitals
- specialist inpatient mental health facilities
- community mental health services
- alcohol and other drug services
- residential and supported accommodation services.

Note: *Since some psychogeriatric services are funded by the Disability Services Directorate rather than the Mental Health Directorate, not all Districts report psychogeriatric information.*

It is the responsibility of healthcare providers to ensure timely collection of data at each site. Data sent to Health NZ is expected to reflect all activities occurring for all patients during the previous month's start and end dates. When clients are transferred between inpatient units within an organisation a new referral should be opened against the team the client is transferred into to show that there has been a transfer of care.

3 PRIMHD File Processing

3.1 PRIMHD File Processing Overview



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

3.2 PRIMHD XML File Extract Processing Steps

3.2.1 Processing Steps

The PRIMHD XML file extract processing steps are described below.

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

Processing Steps (Continued)

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

Processing Steps (Continued)

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

3.3 PRIMHD File and Transaction Types

3.3.1 XML File Types

There are three file types making up the PRIMHD extract. These are:

1. Referral/Discharge
2. Legal Status
3. Team Details.

3.3.2 Transaction Types

The PRIMHD ODS uses an insert-only model. When a Referral extract is received it is validated, acknowledged and inserted into the ODS with the current timestamp. This version of the Referral now becomes the 'current' version. Any previous versions are not altered, they are just no longer current. This means that all the data for that Referral, including all child Activity, Classification and Collection Occasion records must be sent each time.

The ODS receives the current state of the data rather than the inserts, updates and deletes of individual data items that occur to get to that state. This has advantages in maintaining a reliable view of the data and minimising the impact of operational and system errors.

These statements about Referral also apply to Legal Status and Team Details.

The XML Schemata for the Referral Discharge and Legal Status include an optional DELETED_FLAG element in the root segment. The effect of the presence or absence of the DELETED_FLAG on PRIMHD is outlined in the following table.

Note: In the case of the DELETED_FLAG being populated, the compulsory data elements for the root element of the Referral or Legal Status should be included. The child elements (Activities, Collection Occasions, etc, do not need to be included). The Business Rules and Response Messages in bold in Section 5 identify the validation that will take place on delete records.

Code	Function	Effect
No DELETED_FLAG Element present	Insert as current version (effectively an Add/Replace)	The Referral/Legal Status/Team is inserted as the current version. If this Referral/Legal Status/Team already existed in the ODS this is equivalent to replacing it with the new data submitted by the DHB/NGO. If this is the first time this Referral/Legal Status/Team has been submitted it is equivalent to creating a new Referral/Legal Status/Team.
DELETED_FLAG present with value "DELETED"	Mark as Deleted (Logical Delete)	Marks the existing Referral Record and ALL its child Activity, Classification, Collection Occasion, Supplementary Consumer Records and NHI records in PRIMHD as deleted. When deleting a referral if there are no other Referral Records in the patient file then the whole patient file, including any Legal Status and the derived Healthcare User Records must also be marked as deleted.

4 PRIMHD File Structure & Data Relationships

4.1 PRIMHD File Structure

4.1.1 XML Message Structure/ Format

The following sections detail the structure and the entity types defined in the XML schema documents for the PRIMHD extract files.

The schema documents for the REFERRAL_DISCHARGE, LEGAL_STATUS and TEAM_DETAILS extract files are included in Appendix A.

The schema documents define the expected format and structure of the extract files. There are some data-type restrictions defined in the schemata but these are not exhaustive.

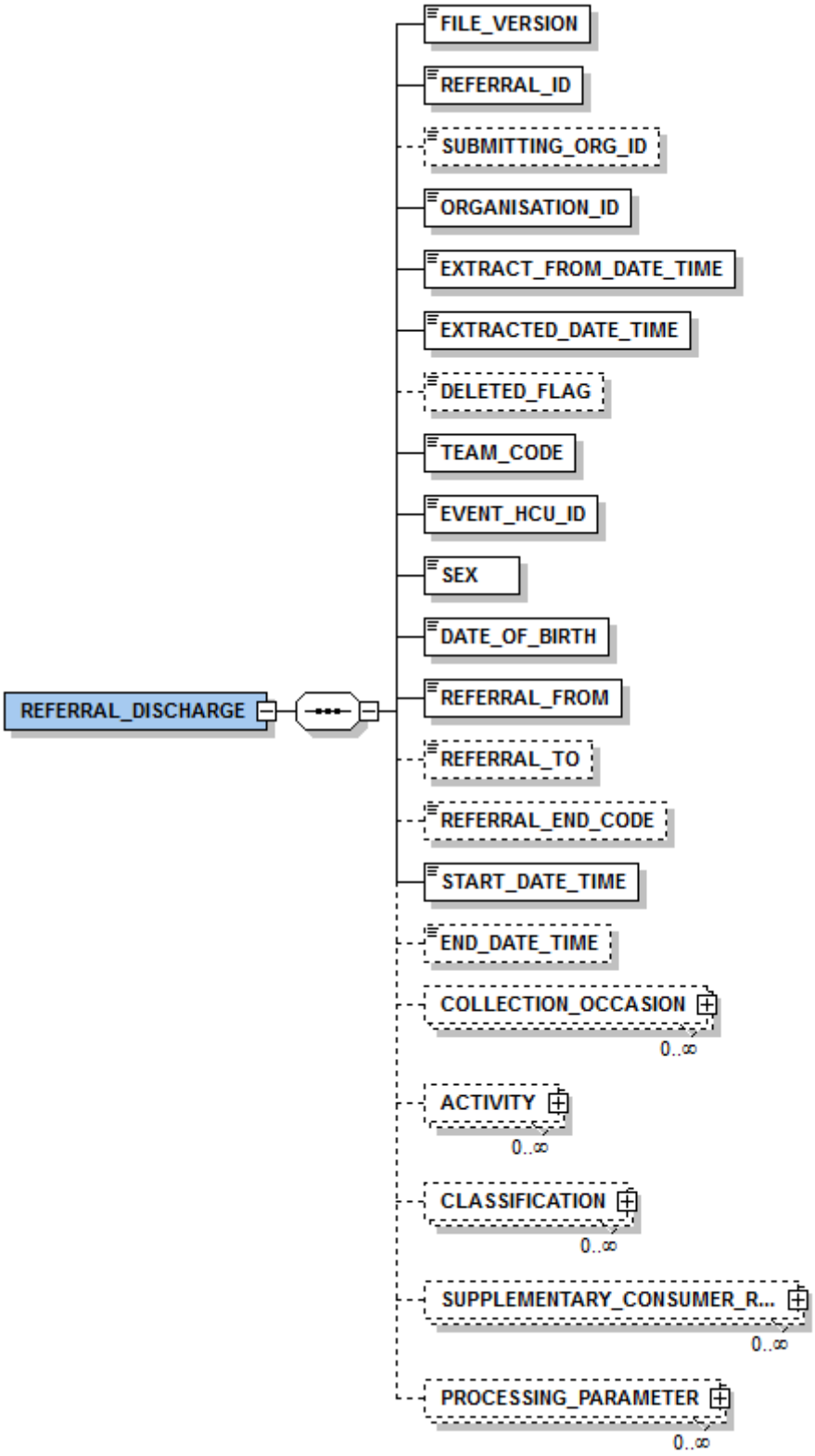
Section 5 defines the domains and detailed formats of the data values expected and the business validation rules around them.

The following sections include diagrams and XML fragments to illustrate the structure of the files.

The complete schema definitions are downloadable from the PRIMHD website.

Note: The PROCESSING_PARAMETER repeating group that appears in the REFERRAL_DISCHARGE and LEGAL_STATUS segments is there to be able to control routing of the message for testing purposes. For normal production use this segment is not required. Any values required for testing will be defined and communicated as required. For example: The PROCESSING_PARAMETER_NAME value may be “TestEnvironment” and the PROCESSING_PARAMETER_TYPE value “ComplianceTest”.

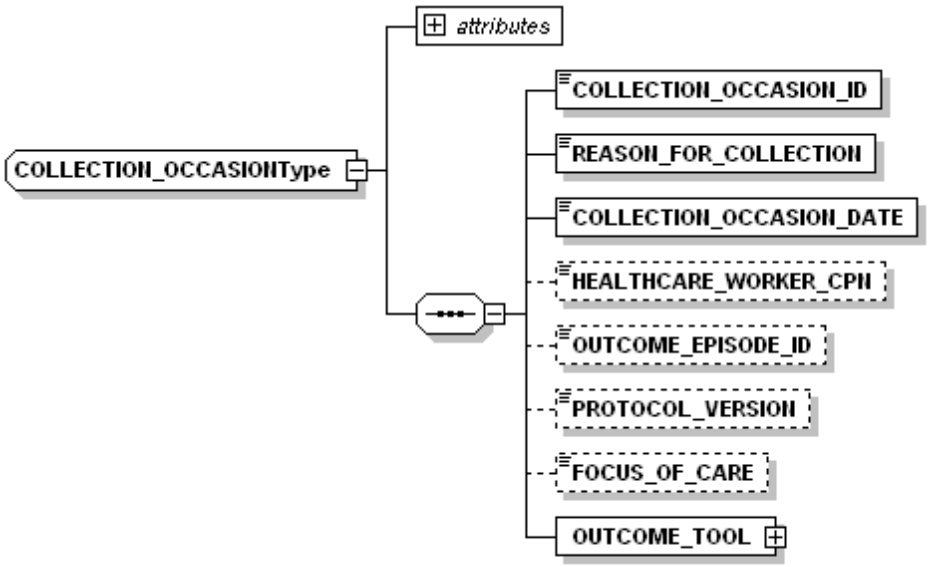
4.1.2 REFERRAL_ DISCHARGE XML Entity Structure (ROOT ENTITY)



4.1.3 REFERRAL_DISCHARGE XML Instance Representation

<REFERRAL_DISCHARGE>
<FILE_VERSION> FILE_VERSIONType </FILE_VERSION> [1]
<REFERRAL_ID> ID_20_Type </REFERRAL_ID> [1]
<SUBMITTING_ORG_ID> ORGANISATION_IDType </SUBMITTING_ORG_ID> [0..1]
<ORGANISATION_ID> ORGANISATION_IDType </ORGANISATION_ID> [1]
<EXTRACT_FROM_DATE_TIME> xs:dateTime </EXTRACT_FROM_DATE_TIME> [1]
<EXTRACTED_DATE_TIME> xs:dateTime </EXTRACTED_DATE_TIME> [1]
<DELETED_FLAG> xs:string </DELETED_FLAG> [0..1]
<TEAM_CODE> TEAM_CODEType </TEAM_CODE> [1]
<EVENT_HCU_ID> NHIType </EVENT_HCU_ID> [1]
<SEX> SEXType </SEX> [1]
<DATE_OF_BIRTH> xs:date </DATE_OF_BIRTH> [1]
<REFERRAL_FROM> REFERRALType </REFERRAL_FROM> [1]
<REFERRAL_TO> REFERRALType </REFERRAL_TO> [0..1]
<REFERRAL_END_CODE> REFERRAL_END_CODEType </REFERRAL_END_CODE> [0..1]
<START_DATE_TIME> xs:dateTime </START_DATE_TIME> [1]
<END_DATE_TIME> xs:dateTime </END_DATE_TIME> [0..1]
<COLLECTION_OCCASION> COLLECTION_OCCASIONType </COLLECTION_OCCASION> [0..*]
<ACTIVITY> ACTIVITYType </ACTIVITY> [0..*]
<CLASSIFICATION> CLASSIFICATIONType </CLASSIFICATION> [0..*]
<SUPPLEMENTARY_CONSUMER_RECORD> SUPPLEMENTARY_CONSUMER_RECORDType </SUPPLEMENTARY_CONSUMER_RECORD>
<PROCESSING_PARAMETER> PROCESSING_PARAMETERType </PROCESSING_PARAMETER> [0..*]
</REFERRAL_DISCHARGE>

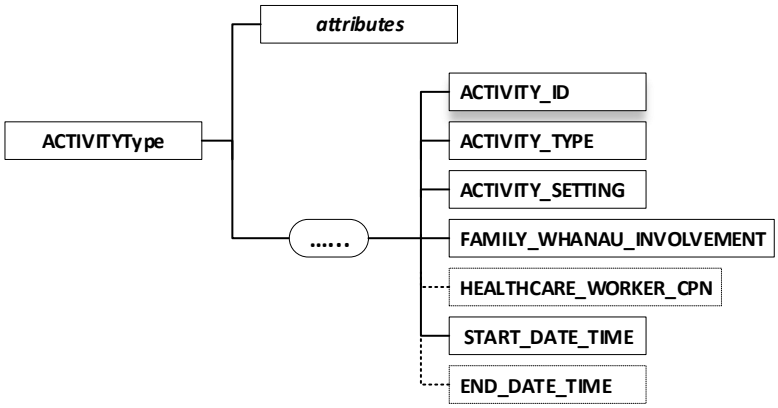
4.1.4 COLLECTION_OCCASION XML Entity Structure



4.1.5 COLLECTION_OCCASION XML Instance Representation

<COLLECTION_OCCASION>
<COLLECTION_OCCASION_ID> ID_20_Type </COLLECTION_OCCASION_ID> [1]
<REASON_FOR_COLLECTION> REASON_FOR_COLLECTIONType
</REASON_FOR_COLLECTION> [1]
<COLLECTION_OCCASION_DATE> xs:dateTime </COLLECTION_OCCASION_DATE> [1]
<HEALTHCARE_WORKER_CPN> HEALTHCARE_WORKER_CPNType
</HEALTHCARE_WORKER_CPN> [0..1]
<OUTCOME_EPISODE_ID> OUTCOME_EPISODE_IDType </OUTCOME_EPISODE_ID> [0..1]
<PROTOCOL_VERSION> PROTOCOL_VERSIONType </PROTOCOL_VERSION> [0..1]
<FOCUS_OF_CARE> FOCUS_OF_CAREType </FOCUS_OF_CARE> [1]
<OUTCOME_TOOL> OUTCOME_TOOLType </OUTCOME_TOOL> [0..1]
<;COLLECTION_OCCASION>

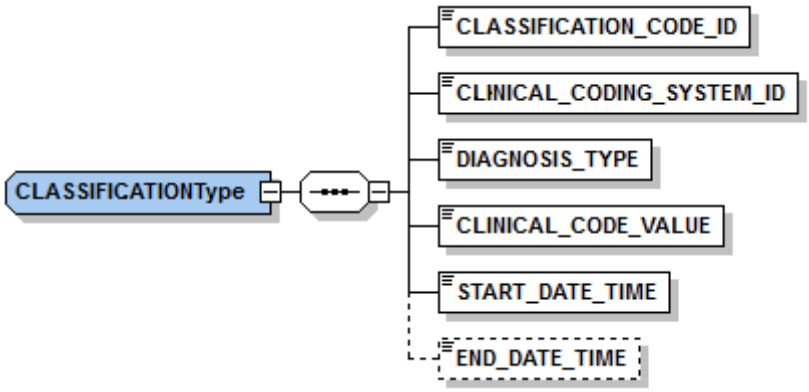
4.1.6 ACTIVITY XML Entity Structure



4.1.7 ACTIVITY XML Instance Representation

<ACTIVITY>
<ACTIVITY_ID> ID_20_Type </ACTIVITY_ID> [1]
<ACTIVITY_TYPE> ACTIVITY_TYPEType </ACTIVITY_TYPE> [1]
<ACTIVITY_SETTING> ACTIVITY_SETTINGType </ACTIVITY_SETTING> [1]
<FAMILY_WHANAU_INVOLVEMENT>FAMILY_WHANAU_INVOLVEMENTtype</FAMILY_WHANAU_INVOLVEMENT> [0..1]
<HEALTHCARE_WORKER_CPN> xs:string </HEALTHCARE_WORKER_CPN> [0..1]
<START_DATE_TIME> xs:dateTime </START_DATE_TIME> [1]
<END_DATE_TIME> xs:dateTime </END_DATE_TIME> [0..1]
</ ACTIVITY>

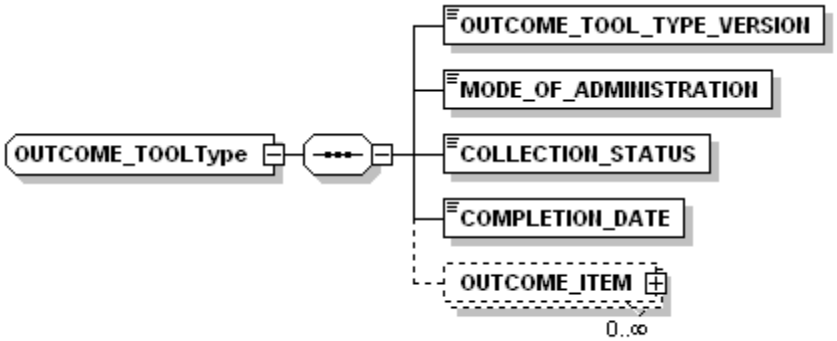
4.1.8 CLASSIFICATION XML Entity Structure



4.1.9 CLASSIFICATION XML Instance Representation

<CLASSIFICATION>
<CLASSIFICATION_CODE_ID> ID_20_Type </CLASSIFICATION_CODE_ID> [1]
<CLINICAL_CODING_SYSTEM_ID> CLINICAL_CODING_SYSTEM_IDType
</CLINICAL_CODING_SYSTEM_ID> [1]
<DIAGNOSIS_TYPE> AlphaNum_1_Type </DIAGNOSIS_TYPE> [1]
<CLINICAL_CODE_VALUE> CLINICAL_CODE_VALUEType </CLINICAL_CODE_VALUE> [1]
<START_DATE_TIME> xs:dateTime </START_DATE_TIME> [1]
<END_DATE_TIME> xs:dateTime </END_DATE_TIME> [0..1]
</ CLASSIFICATION>

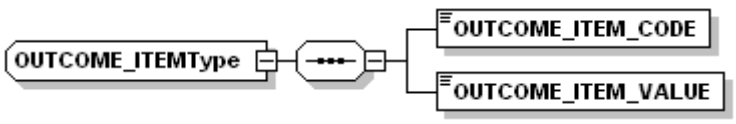
4.1.10 OUTCOME_ TOOL XML Entity Structure



4.1.11 OUTCOME_ TOOL XML Instance Representation

<OUTCOME_TOOL>
<OUTCOME_TOOL_TYPE_VERSION> OUTCOME_TOOL_TYPE_VERSIONType
</OUTCOME_TOOL_TYPE_VERSION> [1]
<MODE_OF_ADMINISTRATION> MODE_OF_ADMINISTRATIONType
</MODE_OF_ADMINISTRATION> [1]
<COLLECTION_STATUS> COLLECTION_STATUSType </COLLECTION_STATUS> [1]
<COMPLETION_DATE> xs:dateTime </COMPLETION_DATE> [1]
<OUTCOME_ITEM> OUTCOME_ITEMType </OUTCOME_ITEM> [0..*]
</ OUTCOME_TOOL>

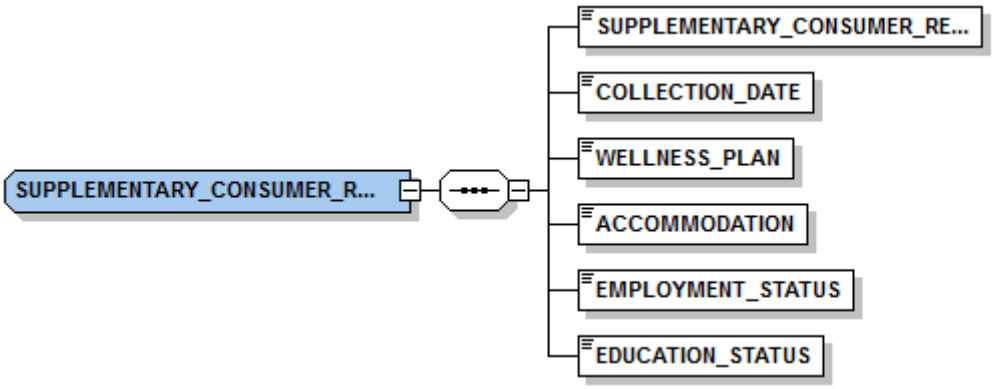
4.1.12 OUTCOME_ ITEM XML Entity Structure



4.1.13 OUTCOME_TOOL XML Instance Representation

<OUTCOME_ITEM>
<OUTCOME_ITEM_CODE> OUTCOME_ITEM_CODEType
</OUTCOME_ITEM_CODE> [1]
<OUTCOME_ITEM_VALUE> OUTCOME_ITEM_VALUEType
</OUTCOME_ITEM_VALUE> [1]
</OUTCOME_ITEM>

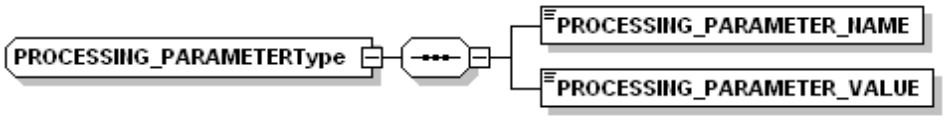
4.1.14 SUPPLEMENTARY_CONSUMER_RECORD XML Entity Structure



4.1.15 SUPPLEMENTARY CONSUMER RECORD XML Instance Representation

<SUPPLEMENTARY_CONSUMER_RECORD>
<SUPPLEMENTARY_CONSUMER_RECORD_ID> ID_20_Type
</SUPPLEMENTARY_CONSUMER_RECORD_ID> [1]
<COLLECTION_DATE> xs:date </COLLECTION_DATE> [1]
<WELLNESS_PLAN> WELLNESS_PLANType </WELLNESS_PLAN> [1]
<ACCOMMODATION> ACCOMMODATIONType</ACCOMMODATION> [1]
<EMPLOYMENT_STATUS> EMPLOYMENT_STATUSType</EMPLOYMENT_STATUS> [1]
<EDUCATION_STATUS> EDUCATION_STATUSType</EDUCATION_STATUS> [1]
</SUPPLEMENTARY_CONSUMER_RECORD>

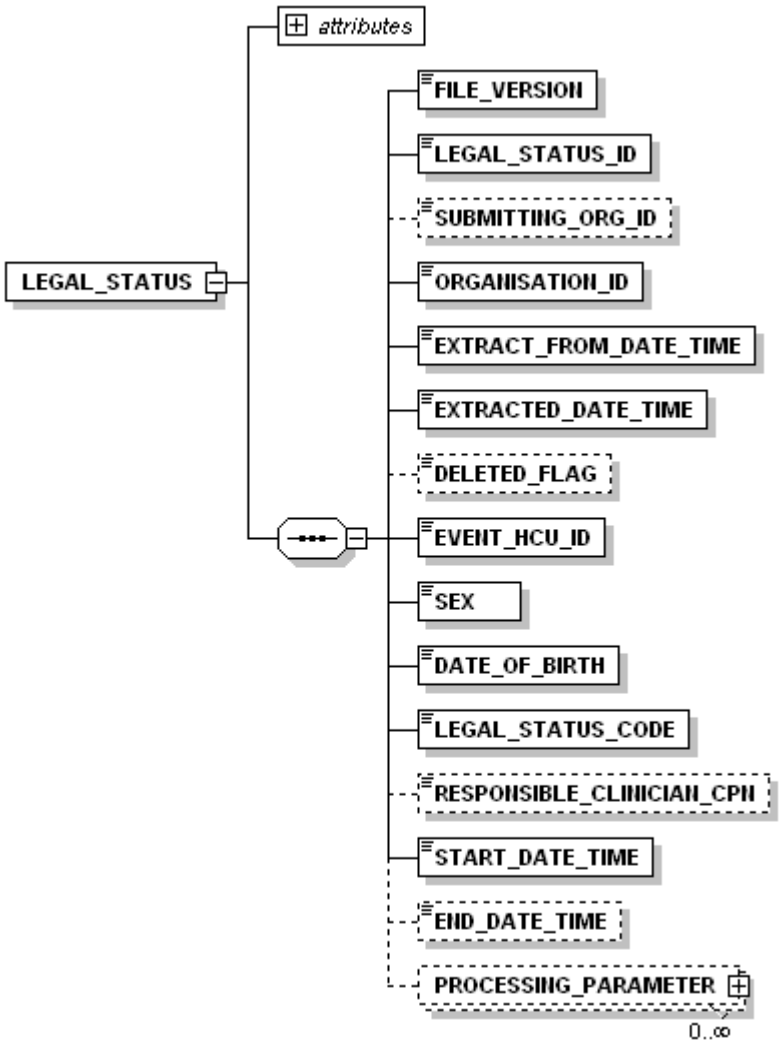
4.1.16 PROCESSING_PARAMETER XML Entity Structure



4.1.17 PROCESSING_PARAMETER XML Instance Representation

<PROCESSING_PARAMETER>
<PROCESSING_PARAMETER_NAME> xs:string
</PROCESSING_PARAMETER_NAME> [1]
<PROCESSING_PARAMETER_VALUE> xs:string
</PROCESSING_PARAMETER_VALUE> [1]
</ PROCESSING_PARAMETER>

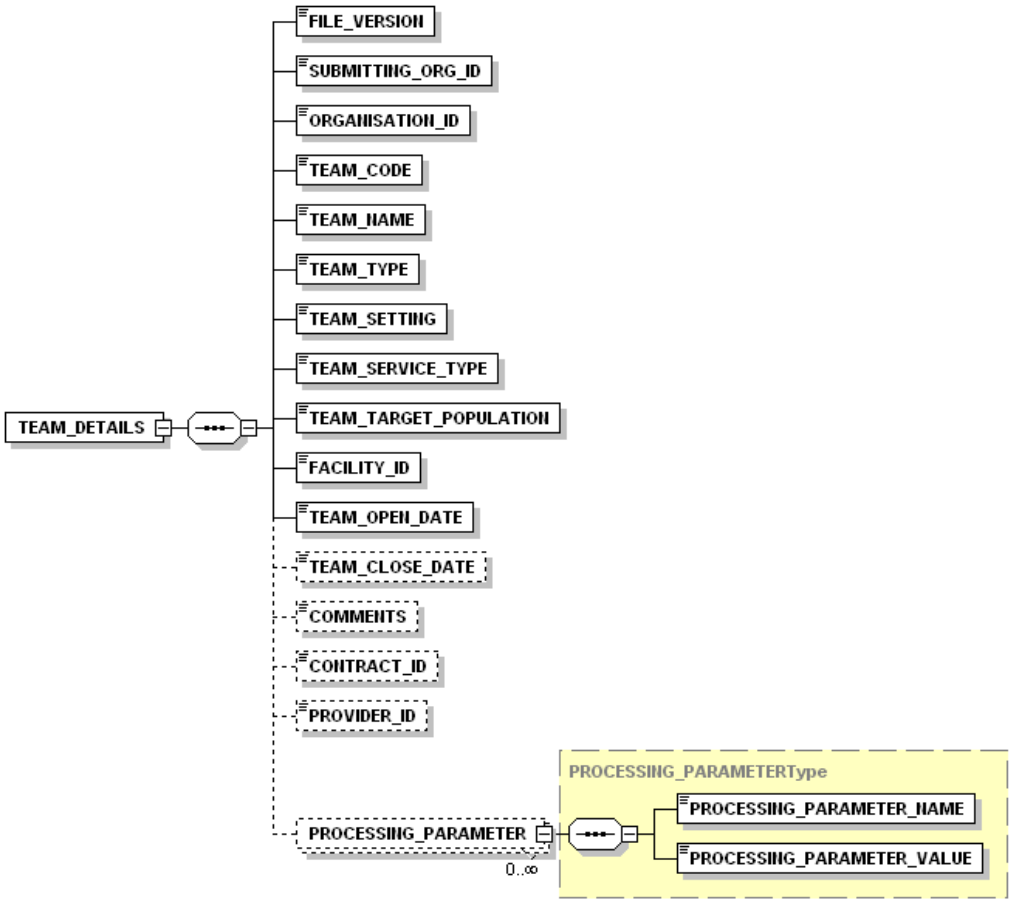
4.1.18 LEGAL_STATUS XML Entity Structure (ROOT ENTITY)



4.1.19 LEGAL_STATUS XML Instance Representation

<LEGAL_STATUS>
<FILE_VERSION> FILE_VERSIONType </FILE_VERSION> [1]
<LEGAL_STATUS_ID> ID_20_Type </LEGAL_STATUS_ID> [1]
<SUBMITTING_ORG_ID> ORGANISATION_IDType </SUBMITTING_ORG_ID> [0..1]
<ORGANISATION_ID> ORGANISATION_IDType </ORGANISATION_ID> [1]
<EXTRACT_FROM_DATE_TIME> xs:dateTime </EXTRACT_FROM_DATE_TIME> [1]
<EXTRACTED_DATE_TIME> xs:dateTime </EXTRACTED_DATE_TIME> [1]
<DELETED_FLAG> xs:string </DELETED_FLAG> [0..1]
<ORGANISATION_TYPE> AlphaNum_3_Type </ORGANISATION_TYPE> [1]
<EVENT_HCU_ID> NHIType </EVENT_HCU_ID> [1]
<SEX> SEXType </SEX> [1]
<DATE_OF_BIRTH> xs:date </DATE_OF_BIRTH> [1]
<LEGAL_STATUS_CODE> AlphaNum_2_Type </LEGAL_STATUS_CODE> [1]
<RESPONSIBLE_CLINICIAN_CPN> RESPONSIBLE_CLINICIAN_CPNType
</RESPONSIBLE_CLINICIAN_CPN> [0..1]
<START_DATE_TIME> xs:dateTime </START_DATE_TIME> [1]
<END_DATE_TIME> xs:dateTime </END_DATE_TIME> [0..1]
<PROCESSING_PARAMETER> PROCESSING_PARAMETERType
</PROCESSING_PARAMETER> [0..*]
</LEGAL_STATUS>

4.1.20 TEAM_DETAILS XML Entity Structure (ROOT ENTITY)



4.1.21 TEAM_DETAILS XML Instance Representation

<TEAM_DETAILS>
<FILE_VERSION> FILE_VERSIONType </FILE_VERSION> [1]
<SUBMITTING_ORG_ID> ORGANISATION_IDType </SUBMITTING_ORG_ID> [0..1]
<ORGANISATION_ID> ORGANISATION_IDType </ORGANISATION_ID> [1]
<TEAM_CODE> TEAM_CODEType </TEAM_CODE> [1]
<TEAM_NAME> xs:string </TEAM_NAME> [1]
<TEAM_TYPE> AlphaNum_4_Type </TEAM_TYPE> [1]
<TEAM_SETTING> AlphaNum_1_Type </TEAM_SETTING> [1]
<TEAM_SERVICE_TYPE> AlphaNum_2_Type </TEAM_SERVICE_TYPE> [1]
<TEAM_TARGET_POPULATION> AlphaNum_1_Type </TEAM_TARGET_POPULATION> [1]
<FACILITY_ID> xs:string </FACILITY_ID> [1]
<TEAM_OPEN_DATE> xs:date </TEAM_OPEN_DATE> [1]
<TEAM_CLOSE_DATE> xs:date </TEAM_CLOSE_DATE> [0..1]
<COMMENTS> xs:string </COMMENTS> [0..1]
<CONTRACT_ID> CONTRACT_IDType </CONTRACT_ID> [0..1]
<PROVIDER_ID> PROVIDER_IDType </PROVIDER_ID> [0..1]
</TEAM_DETAILS>

4.2 PRIMHD Acknowledgment File Structure

4.2.1 Acknowledgement File Detail

An XML Acknowledgement file will be created for each received XML file, incorporating any differences, errors and warnings.

The Acknowledgement files will be zipped and returned via the FTP system to the submitting organisation.

The zip file name for an Acknowledgement file will use the following structure:
AKPEYYYYMMDD_Submitting_Org_ID_nnn.ZIP

The file name for each XML file within the Acknowledgement zip file will be the name of the corresponding submitted XML prefixed with an A for accepted or an R for rejected.

The Acknowledgement for a Referral or Legal Status has the following basic format:

```
<PRIMHD_ACK>
   <DOCUMENT_TYPE>REFERRAL</DOCUMENT_TYPE>
   <DOCUMENT_IDENTIFIER>R20080703_G00013-
C_R10110.xml</DOCUMENT_IDENTIFIER>
   <STATUS>ACCEPTED</STATUS>
   <NUM_ERRORS>0</NUM_ERRORS>
   <NUM_WARNINGS>1</NUM_WARNINGS>
   <TIME_STAMP>2008-11-27T23:25:02</TIME_STAMP>
   <ERROR_AND_WARNING_DETAILS>
      …
      …
   </ERROR_AND_WARNING_DETAILS>
   <DIFFERENCES>
      …
      …
   </DIFFERENCES>
</PRIMHD_ACK>
```

Explanation of tags and values:

Tag Name	Mandatory	Type	Content	Domain of Values	Format
DOCUMENT_TYPE	Y	String	The type of document	REFERRAL LEGAL STATUS	
DOCUMENT_IDENTIFIER	Y	String	Name of the submitted document	Any filename	
STATUS	Y	String	Status of the document	ACCEPTED REJECTED	
NUM_ERRORS	Y	Integer	Number of errors produced processing the file	Integer >= 0	
NUM_WARNINGS	Y		Number of warnings produced processing the file	Integer >= 0	
TIME_STAMP	Y		Time of processing	Timestamp	YYYY-MM-DDTHH:MM:SS
ERROR_AND_WARNING_DETAILS	N	XML	Explanation below		
DIFFERENCES	N	XML	Explanation below		

The order of the fields are as shown in the model above.

An acknowledgement file with a filename beginning with the prefix ‘ERROR_’ is produced for any PRIMHD input files containing invalid XML. Such input files cannot be parsed because they violate the World Wide Web Consortium’s XML Specification (www.w3.org/XML/). The ERROR file will have the same elements and structure as above, with a SYSTEM_ERROR element enclosed within the ERROR_AND_WARNING_DETAILS node with the following text content: “A system error occurred while processing this document in the PRIMHD ODS. Please report this

error to MOH. The DocumentId for the processing is XXXXXXX. The document did not appear to be well formed XML. May have been empty."

4.2.2 Explanation of Error and Warning Details Segment

If there are no errors or warnings produced in processing, this element will be empty or absent.

If there are errors or warnings produced, the content will be a subset of the original submitted document with ERROR or WARNING segments inserted where the error or warning was detected.

Here is an example of the ERROR_AND_WARNING_DETAILS segment for a REFERRAL_DISCHARGE message with one warning:

```
…
<ERROR_AND_WARNING_DETAILS>
      <REFERRAL_DISCHARGE>
         <WARNING>
            <WARNING_REF>RM-P62-38</WARNING_REF>
            <WARNING_TITLE>Warning - Missing Record</WARNING_TITLE>
            <WARNING_MESSAGE>A Referral End Date has been supplied, but a Type A Diagnosis
has not been received for this referral.</WARNING_MESSAGE>
         </WARNING>
         <FILE_VERSION>1.0</FILE_VERSION>
         <REFERRAL_ID>R10110</REFERRAL_ID>
         <SUBMITTING_ORG_ID>G00013-C</SUBMITTING_ORG_ID>
         <ORGANISATION_ID>G00013-C</ORGANISATION_ID>
         <EXTRACT_FROM_DATE_TIME>2008-05-08T12:42:20</EXTRACT_FROM_DATE_TIME>
         <EXTRACTED_DATE_TIME>2008-05-10T12:42:20</EXTRACTED_DATE_TIME>
         <TEAM_CODE>6120</TEAM_CODE>
         <EVENT_HCU_ID>ABC1234</EVENT_HCU_ID>
         <SEX>F</SEX>
         <DATE_OF_BIRTH>1976-05-30</DATE_OF_BIRTH>
         <REFERRAL_FROM>OT</REFERRAL_FROM>
         <REFERRAL_TO>OT</REFERRAL_TO>
         <REFERRAL_END_CODE>DW</REFERRAL_END_CODE>
         <START_DATE_TIME>2008-06-01T00:00:00</START_DATE_TIME>
         <END_DATE_TIME>2008-09-08T23:59:59</END_DATE_TIME>
      </REFERRAL_DISCHARGE>
   </ERROR_AND_WARNING_DETAILS>
   …
```

4.2.2 Explanation of Error and Warning Details Segment (Continued)

Here is a complete example of a LEGAL_STATUS document acknowledgement with one error.

```
<?xml version="1.0" encoding="UTF-8"?>
<PRIMHD_ACK>
   <DOCUMENT_TYPE>LEGAL_STATUS</DOCUMENT_TYPE>
   <DOCUMENT_IDENTIFIER>L20081022_G00033-
J_HRA1926SM20080703.xml</DOCUMENT_IDENTIFIER>
   <STATUS>REJECTED</STATUS>
   <NUM_ERRORS>1</NUM_ERRORS>
   <NUM_WARNINGS>0</NUM_WARNINGS>
   <TIME_STAMP>2008-11-07T10:25:05</TIME_STAMP>
   <ERROR_AND_WARNING_DETAILS>
      <LEGAL_STATUS>
         <ERROR>
            <ERROR_REF>RM-P22-08</ERROR_REF>
            <ERROR_TITLE>Error - Invalid Data</ERROR_TITLE>
            <ERROR_MESSAGE>The Date of Birth in the HC Record does not match the Date of Birth
in the NHI Database for the Event HCU ID.</ERROR_MESSAGE>
         </ERROR>
         <FILE_VERSION>1.0</FILE_VERSION>
         <LEGAL_STATUS_ID>HRA1926SM20080703</LEGAL_STATUS_ID>
         <ORGANISATION_ID>G00033-J</ORGANISATION_ID>
         <EXTRACT_FROM_DATE_TIME>2008-07-01T00:00:00</EXTRACT_FROM_DATE_TIME>
         <EXTRACTED_DATE_TIME>2008-10-22T09:52:08</EXTRACTED_DATE_TIME>
         <EVENT_HCU_ID>ABC1234</EVENT_HCU_ID>
         <SEX>M</SEX>
         <DATE_OF_BIRTH>1963-07-07</DATE_OF_BIRTH>
         <LEGAL_STATUS_CODE>SM</LEGAL_STATUS_CODE>
         <RESPONSIBLE_CLINICIAN_CPN>18AJBH</RESPONSIBLE_CLINICIAN_CPN>
         <START_DATE_TIME>2008-07-03T00:00:00</START_DATE_TIME>
         <END_DATE_TIME>2008-07-08T23:59:59</END_DATE_TIME>
      </LEGAL_STATUS>
   </ERROR_AND_WARNING_DETAILS>
</PRIMHD_ACK>
```

A WARNING of ERROR segment is added to the complex element that it was produced on. Hence they can be within the following elements:

For Referrals:

- REFERRAL_DISCHARGE
- ACTIVITY
- COLLECTION_OCCASION
- OUTCOME_TOOL
- OUTCOME_ITEM
- CLASSIFICATION
- SUPPLEMENTARY_CONSUMER_RECORD

For Legal Status:

- LEGAL_STATUS

NOTE: If an Activity, Collection Occasion, Classification of Supplementary Consumer Record does not have an error or warning it will not be included in the error and warning details. Only those elements with at least one error or warning somewhere in their sub-tree are included.

4.2.2 Explanation of Error and Warning Details Segment (Continued)

Format of a WARNING element:

…

```
<WARNING>
        <WARNING_REF>RM-P62-38</WARNING_REF>
        <WARNING_TITLE>Warning - Missing Record</WARNING_TITLE>
        <WARNING_MESSAGE>A Referral End Date has been supplied, but a Type A Diagnosis has not been received for this referral.</WARNING_MESSAGE>
    </WARNING>
```

…

Explanation of tags and values:

Tag Name	Mandatory?	Type	Content
WARNING_REF	Y	String	Reference specified in the PRIMHD file spec
WARNING_TITLE	Y	String	Title specified in the PRIMHD file spec
WARNING_MESSAGE	Y	String	Message specified in the PRIMHD file spec

Format of an ERROR element:

..

```
<ERROR>
        <ERROR_REF>RM-P62-46</ERROR_REF>
        <ERROR_TITLE>Error - Invalid Data</ERROR_TITLE>
        <ERROR_MESSAGE>There is an invalid combination of Clinical Coding System ID, Clinical Code Value and Diagnosis Type in the CN record.</ERROR_MESSAGE>
 </ERROR>
```

…

Explanation of tags and values:

Tag Name	Mandatory?	Type	Content
ERROR_REF	Y	String	Reference specified in the PRIMHD file spec
ERROR_TITLE	Y	String	Title specified in the PRIMHD file spec
ERROR_MESSAGE	Y	String	Message specified in the PRIMHD file spec

NOTE: The acknowledgement sent back contains a subset of the XML that was submitted. If a wrongly spelt tag was submitted for example, that tag will be returned in the acknowledgement along with an appropriate error message.

4.2.3 Explanation of DIFFERENCES Segment

The DIFFERENCES segment is included to show the changes that the submitted XML document made in the copy of the data stored at Health NZ. This information may be used for trouble shooting or checking purposes. It is valuable from an audit and compliance perspective.

In the example Referral below, a new activity was added to an existing referral (CHANGE_FLAG="I"). There were no changes to the information in the simple elements directly under the REFERRAL_DISCHARGE element (CHANGE_FLAG="N").

An explanation of these change codes is included below.

```
..
<DIFFERENCES>
      <REFERRAL_DISCHARGE CHANGE_FLAG="N">
         <FILE_VERSION>1.0</FILE_VERSION>
         <REFERRAL_ID>R10110</REFERRAL_ID>
         <SUBMITTING_ORG_ID>G00013-C</SUBMITTING_ORG_ID>
         <ORGANISATION_ID>G00013-C</ORGANISATION_ID>
         <EXTRACT_FROM_DATE_TIME>2008-05-
08T12:42:20</EXTRACT_FROM_DATE_TIME>
         <EXTRACTED_DATE_TIME>2008-05-10T12:42:20</EXTRACTED_DATE_TIME>
         <TEAM_CODE>6120</TEAM_CODE>
         <EVENT_HCU_ID>ABC1234</EVENT_HCU_ID>
         <SEX>F</SEX>
         <DATE_OF_BIRTH>1976-05-30</DATE_OF_BIRTH>
         <REFERRAL_FROM>OT</REFERRAL_FROM>
         <REFERRAL_TO>OT</REFERRAL_TO>
         <REFERRAL_END_CODE>DW</REFERRAL_END_CODE>
         <START_DATE_TIME>2008-06-01T00:00:00</START_DATE_TIME>
         <END_DATE_TIME>2008-09-08T23:59:59</END_DATE_TIME>
         <ACTIVITY CHANGE_FLAG="I">
            <ACTIVITY_ID>LE1000165474</ACTIVITY_ID>
            <ACTIVITY_TYPE>T04</ACTIVITY_TYPE>
            <ACTIVITY_SETTING>IP</ACTIVITY_SETTING>
<FAMILY_WHANAU_INVOLVEMENT>2</FAMILY_WHANAU_INVOLVEMENT>
            <HEALTHCARE_WORKER_CPN/>
            <START_DATE_TIME>2008-08-11T14:00:00</START_DATE_TIME>
            <END_DATE_TIME>2008-08-12T18:15:00</END_DATE_TIME>
         </ACTIVITY>
      </REFERRAL_DISCHARGE>
   </DIFFERENCES>
..
```

4.2.3 Explanation of DIFFERENCES Segment (Continued)

Values of CHANGE_FLAG attribute	Meaning
I	“Inserted”. This means that the entity referred to has been inserted by the processing of this document.
U	“Updated”. This means that the entity referred to has been updated by the processing of this document.
D	“Deleted”. This means that the entity referred to has been deleted by the processing of this document.
N	"No Change". This is only used in the case of a referral where the simple elements of the referral have not changed but a complex element (Activity, Collection Occasion, Classification, or Supplementary Consumer Record) within the referral has changed. The referral data has to be shown to preserve the hierarchy, but as none of the simple elements (TEAM_CODE, EVENT_HCU_ID etc) have changed the CHANGE_FLAG is set to N.

NOTE: Only the elements that have been changed (or have changes in their sub-tree, in the case of Referral) are included in the DIFFERENCES segment.

Elements that will have a change flag attribute if they appear in the DIFFERENCES segment:

For Referrals:

- REFERRAL_DISCHARGE
- ACTIVITY
- COLLECTION_OCCASION
- CLASSIFICATION
- SUPPLEMENTARY_CONSUMER_RECORD

For Legal Status:

- LEGAL_STATUS

4.3 PRIMHD Data and Record Relationships

4.3.1 Data Key Field Relationships

The table below identifies the key field data elements and record relationships that are illustrated in the PRIMHD Logical Data Model in Section 4.4.1 of this document.

PRIMHD Record	Key Field Data Elements
Healthcare User Record	Event HCU ID
	Sex
	DoB
Legal Status Record	File Version
	Legal Status ID
	Submitting to MoH Organisation ID
	Organisation ID
	Event HCU ID
	Sex
	DoB
	Responsible Clinician CPN
Referral Discharge Record	File Version
	Referral ID
	Submitting to MoH Organisation ID
	Organisation ID
	Event HCU ID
	Sex
	DoB
	Team Code ID
Activity Record	Activity ID
	Referral ID
	Organisation ID
	Healthcare Worker CPN
Classification Record	Classification Code ID
	Referral ID
	Organisation ID
	Clinical Coding System ID
Collection Occasion Record	Collection Occasion ID
	Referral ID
	Organisation ID
	Healthcare Worker CPN
	Outcome Episode ID
Outcome Tool	Collection Occasion ID
	Referral ID
	Organisation ID
	Outcome Tool Type and Version
Outcome Item	Collection Occasion ID
	Referral ID
	Organisation ID
	Outcome Tool Type and Version
Supplementary Consumer Record	Supplementary Consumer Record ID
	Collection Date
	Wellness Plan
	Accommodation
	Employment Status
	Education Status

4.3.2 Parent/Child Record Relationships

The table below identifies the parent–child record relationships that are illustrated in the PRIMHD Logical Data Model in Section 4.4.1 of this document.

Parent Record (aka Root)	Child Record
Healthcare User (HC) Record (aka Consumer)	Legal Status (LS) Record
Referral Discharge (RD) Record	Activity (AT) Record
	Classification (CN) Record
	Collection Occasion (CO) Record
	Supplementary Consumer (SC) Record
Collection Occasion (CO) Record	Outcome Tool (OT) Record
Outcome Tool (OT) Record	Outcome Item (OI) Record
Team (TR) Record	None

4.3.3 Identifiers

The following identifiers exist within the PRIMHD Logical Data Model in Section 4.4.1 of this file specification document.

NHI Number:
A unique lifetime identifier for all New Zealand, which takes precedence over all other identifiers, for consumers of healthcare services in New Zealand. Also known as the Healthcare User ID.

Appendix C contains the validation routines used by the DHB and NGO providers to validate NHI numbers.

Where the person is a consumer of healthcare services in New Zealand, the National Health Identifier (NHI Number or HCU ID) will be used.

Where duplicate NHI records for the same healthcare user are merged, one of the NHI numbers will be deemed to be the Primary NHI (Master HCU ID), and the others become Secondary NHIs (HCU Ids).

HPI CPN:
The Healthcare Worker CPN is a unique lifetime identifier for all New Zealand, which takes precedence over all other identifiers, for workers providing healthcare services.

A healthcare worker will be identified with the use of a HPI Common Person Number (HPI CPN). (Refer HISO HPI Data Set 10005 and HISO HPI Code Set 10006).

The HPI system maintains the Healthcare Worker CPN and associated person data history of information for each healthcare worker, eg name changes.

HPI Organisation ID:
A unique lifetime identifier for an organisation assigned by the HPI system which takes precedence over all other identifiers, for organisations providing health care services.

An organisation is the entity that provides services of interest to, or is involved in, the business of the health care service provision. There may be a hierarchical (parent-child) relationship between organisations.

The Organisation Identifier from the Health Practitioner Index will be used to define the organisation providing service.

HPI Facility ID:
A unique lifetime identifier for a facility assigned by the HPI system which takes precedence over all other identifiers, for facilities where health care services are provided. A facility has one physical location from which health goods and/or services are provided.

PRIMHD Referral Discharge ID:
A unique identifier that identifies a Referral Discharge episode for a consumer and is the primary key that links all other Activity, Classification, Collection Occasion and Outcome records for that episode in the patient file.

PRIMHD Legal Status ID:
A unique identifier that identifies a particular instance for the corresponding Legal Status record stored within the health provider's system.

PRIMHD Activity ID:
A unique identifier that identifies a single Activity record within a patient file that is linked to the Referral Discharge ID and the Referral Discharge event for a consumer that is stored within the health provider's system.

PRIMHD Collection Occasion ID:
A unique identifier for each Collection Occasion within a particular Outcomes Episode of Care. It serves as the primary key for all collection occasion records and links to Outcome Tool and Outcome Item tables.

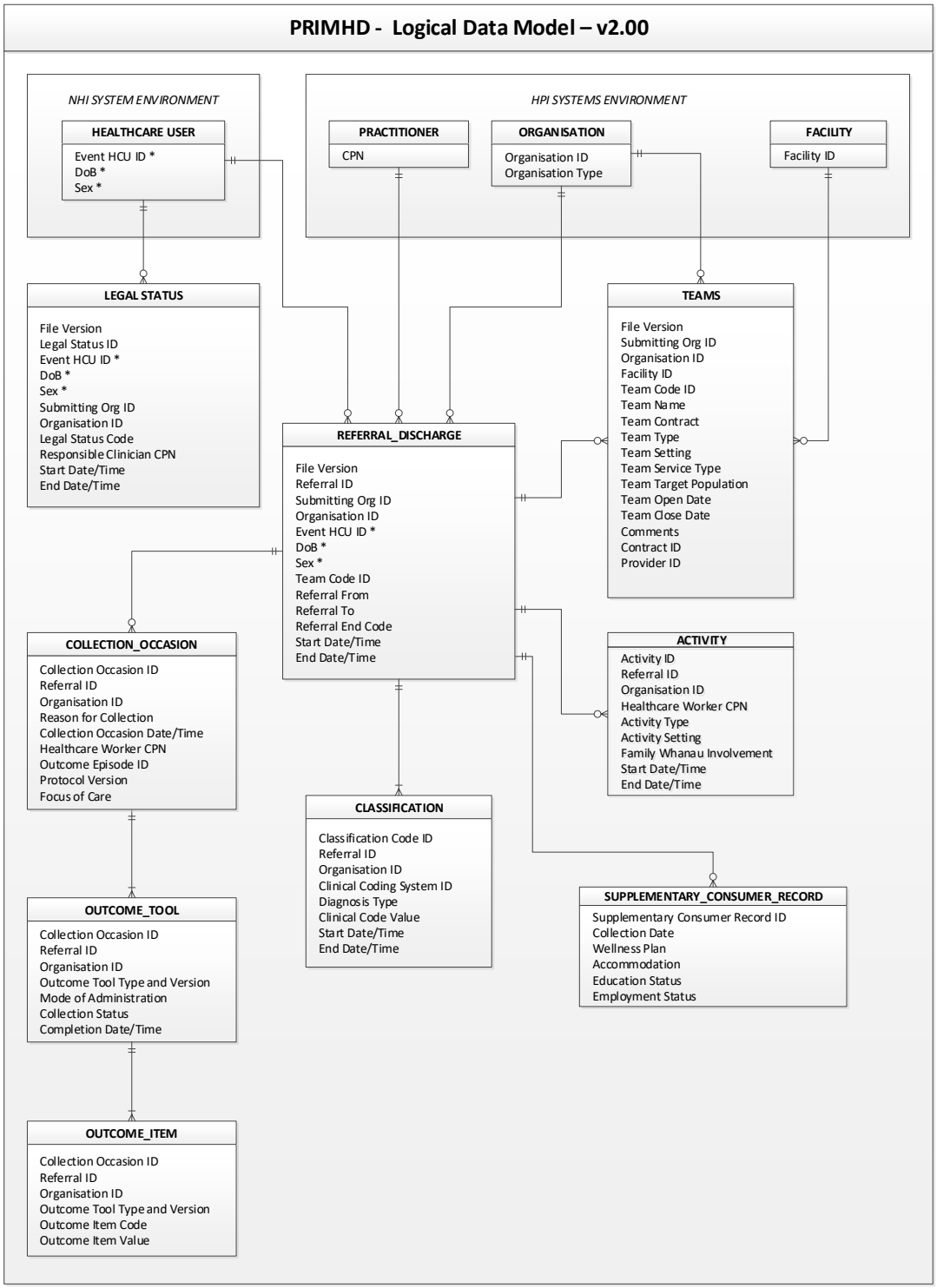
PRIMHD Supplementary Consumer Record ID:
A unique identifier for each Supplementary Consumer Record that is generated by and stored within the health provider's system.

File Version:
An identifier provided by Health NZ for the version of the file being submitted. This number aligns the File Specification version number and the XML schema version number.

4.4 PRIMHD Logical Data Model

4.4.1 Logical Data Model

A logical view of the PRIMHD Data Model is shown below.



Note:

***** *The Event HCU ID, DoB and Sex data elements are supplied in either the Referral Discharge record or Legal Status record so that the Healthcare User record can be derived from the National Health Index (NHI)*

5 PRIMHD Record Types

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

5.1 Healthcare User (HC) Details

5.1.1 HC Details Data Elements

The Healthcare User details are derived from National Health Index (NHI) by validating the Event HCU ID, Date of Birth and Sex data elements that are submitted in the Referral Discharge Record and Legal Status Records.

The National Health Index (NHI) provides the Master HCU ID, Ethnicity and other Demographics data elements as applicable.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Healthcare User Record (HC) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Event HCU ID	ID	AAANNNN	M	-
Date of Birth	Date	CCYY-MM-DD	M	-
Sex	Code	A	M	Yes

5.1.2 HC Record Code Set Elements

The data elements of the Healthcare User Record that have coded values are listed below.

Healthcare User Record (HC) Code Set Details		
Coded Data Element	**Range**	**Description**
Sex	M	Male
	F	Female
	U	Unknown
	O	Another Gender

5.1.3 HC Record Business Rules

The following business rules apply to the data associated with the process 'Validate Healthcare_User'. References in **bold** indicate the rules that will be applied to delete records.

Business Rule Reference	Business Rule Description	Affected Data	Response Message Reference
BR-P21-01	▪ The record must contain all mandatory data as identified in section 5.1.1 above.	▪ Event HCU ID ▪ Date of Birth ▪ Sex	▪ **RM-P22-01** ▪ **RM-P22-02** ▪ **RM-P22-03**
BR-P21-02	▪ The data elements must comply with the data formats identified in section 5.1.1 above.	▪ Date of Birth	▪ **RM-P22-04**
BR-P21-03	▪ The data elements must comply with the data code ranges identified in section 5.1.2 above.	▪ Sex	▪ **RM-P22-05**
BR-P21-04	▪ The *Event HCU ID* must be registered on the NHI database before submission.	▪ Event HCU ID	▪ **RM-P22-06**
BR-P21-05	▪ The *Date of Birth* must be on or before the *Referral Start Date*.	▪ Date of Birth	▪ RM-P22-07
BR-P21-06	▪ The *Date of Birth* in this record must match the *Date of Birth* held in the NHI database for the *Event HCU ID.*	▪ Date of Birth ▪ Event HCU ID	▪ **RM-P22-08** ▪ **RM-P22-08**
BR-P21-07	▪ The *Sex* in this record must match the *Sex* held in the NHI database for the *Event HCU ID.*	▪ Sex ▪ Event HCU ID	▪ **RM-P22-09** ▪ **RM-P22-09**
BR-P21-08	▪ The *Date of Birth* must be on or before the *Legal Status Start Date/Time*.	▪ Date of Birth	▪ RM-P22-10

5.1.4 HC Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Healthcare_User':

Important Notes:
Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P22-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Event HCU ID* has not been supplied in the HC record
RM-P22-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Date of Birth* has not been supplied in the HC record.
RM-P22-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Sex* has not been supplied in the HC record.
RM-P22-04	Error	Error – Incorrect Data Format	▪ The Date of Birth supplied in the HC record does not comply with the correct data format.
RM-P22-05	Error	Error – Incorrect Code Range	▪ The *Sex* in the HC record is not within the correct code range.
RM-P22-06	Error	Error – Invalid Data	▪ The *Event HCU ID* supplied in the HC record is not valid in the NHI Database.
RM-P22-07	Error	Error – Invalid Data	▪ The *Date of Birth* in the HC Record is after the *Referral Start Date* in the Referral Record.
RM-P22-08	Error	Error – Invalid Data	▪ The *Date of Birth* in the HC Record does not match *the Date of Birth* in the NHI Database for the *Event HCU ID*.
RM-P22-09	Warning	Warning – Invalid Data	▪ The *Sex* in the HC Record does not match *the Sex* in the NHI Database for the *Event HCU ID*.
RM-P22-10	Error	Error – Invalid Data	▪ The *Date of Birth* in the HC Record is after the *Legal Status Start Date/Time* in the Legal Status Record.

5.2 Legal Status (LS) Records

5.2.1 LS Record Data Elements

The data elements of the Legal Status Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Legal Status Record (LS) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
File Version	Code	N.N	M	Yes
Legal Status ID	ID	XX (20)	M	-
Submitting Org ID	ID	GXXNNN-C	O	-
Organisation ID	ID	GXXNNN-C	M	-
Legal Status Code	Code	AA	M	Yes
Responsible Clinician CPN	ID	NNXXXX	O	-
Start Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
End Date Time	Date	CCYY-MM-DDTHH:MM:SS	O	-
Extract From Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
Extracted Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
Deleted Flag	Code	"DELETED"	O	-

5.2.2 LS Record Code Set Elements

The data elements of the Legal Status Record that have coded values are listed below.

Legal Status Record (LS) Code Set Details		
Coded Data Element	**Range**	**Description**
File Version	1.0	Version 1.0
	2.0	Version 2.0
	2.1	Version 2.1
	2.2	Version 2.2
	2.3	Version 2.3
	2.4	Version 2.4
	2.5	Version 2.5
	2.6	Version 2.6
Legal Status Code	➔	Refer to *Legal Status Code* section in the HISO 10023.3 PRIMHD Code Set.

5.2.3 LS Record Business Rules

The following business rules apply to the data associated with the process 'Validate Legal_Status'. References in **bold** indicate the rules that will be applied to delete records.

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

LS Record Business Rules (Continued)

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

5.2.4 LS Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Legal_Status':

Important Notes:
Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P32-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *File Version* has not been supplied in the LS record.
RM-P32-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Legal Status ID* has not been supplied in the LS record.
RM-P32-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Organisation ID* has not been supplied in the LS record.
RM-P32-06	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Legal Status Code* has not been supplied in the LS record.
RM-P32-08	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Start Date Time* has not been supplied in the LS record.
RM-P32-09	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Extract From Date Time* has not been supplied in the LS record.
RM-P32-10	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Extracted Date Time* has not been supplied in the LS record.
RM-P32-11	Error	Error – Incorrect Data Format	▪ The *Legal Status ID* supplied in the LS record does not comply with the correct data format.
RM-P32-12	Error	Error – Incorrect Data Format	▪ The *Start Date Time* supplied in the LS record does not comply with the correct data format.
RM-P32-13	Error	Error – Incorrect Data Format	▪ The *End Date Time* supplied in the LS record does not comply with the correct data format.
RM-P32-14	Error	Error – Incorrect Data Format	▪ The *Extract From Date Time supplied* in the LS record does not comply with the correct data format.
RM-P32-15	Error	Error – Incorrect Data Format	▪ The *Extracted Date Time supplied* in the LS record does not comply with the correct data format.
RM-P32-16	Error	Error – Incorrect Code Range	▪ The *File Version* in the LS record is not within the correct code range.
RM-P32-17	Error	Error – Incorrect Code Range	▪ The *Legal Status Code* in the LS record is not within the correct code range.
RM-P32-19	Error	Error – Invalid Data	▪ The *Legal Status Code* in the LS record is before the *Legislation Commencement Date*" in the code set.
RM-P32-20	Error	Error – Invalid Data	▪ The *Legal Status Code* in the LS record is after the *Legislation Conclusion Date*" in the code set.

LS Record Processing, Error and Warning Messages (Continued)

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

5.3 Referral Discharge (RD) Record

5.3.1 RD Record Data Elements

The data elements of the Referral Discharge Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Referral Discharge Record (RD) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
File Version	Code	N.N	M	Yes
Referral ID	ID	XX (20)	M	-
Submitting Org ID	ID	GXXNNN-C	O	-
Organisation ID	ID	GXXNNN-C	M	-
Team Code	Code	XXXXXX	M	Yes
Referral From	Code	AA	M	Yes
Referral To	Code	AA	C	Yes
Referral End Code	Code	AA	C	Yes
Start Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
End Date Time	Date	CCYY-MM-DDTHH:MM:SS	C	-
Extract From Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
Extracted Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
Deleted Flag	Code	“DELETED”	O	-

5.3.2 RD Record Code Set Elements

The data elements of the Referral Discharge Record that have coded values are listed below.

Referral Discharge Record (RD) Code Set Details		
Coded Data Element	**Range**	**Description**
File Version	1.0	Version 1.0
	2.0	Version 2.0
	2.1	Version 2.1
	2.2	Version 2.2
	2.3	Version 2.3
	2.4	Version 2.4
Referral From	PI	Psychiatric Inpatient
	CM	Adult community mental health services
	AD	Alcohol and drug
	CA	Child adolescent and family/whānau mental health services
	RE	Mental health residential
	SE	Mental health community skills enhancement programme

RD Record Code Set Elements (Continued)

The remaining data elements of the Referral Discharge Record that have coded values are continued below.

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

5.3.3 RD Record Business Rules

The following business rules apply to the data associated with the process 'Validate Referral_Discharge'. References in **bold** indicate the rules that will be applied to delete records.

Business Rule Reference	Business Rule Description	Affected Data	Response Message Reference
BR-P41-01	▪ The record must contain all mandatory data as identified in section 5.3.1 above.	▪ File Version ▪ Referral ID ▪ Organisation ID ▪ Team Code ▪ Start Date Time ▪ Extract From Date Time ▪ Extracted Date Time ▪ Referral From	▪ **RM-P42-01** ▪ **RM-P42-02** ▪ **RM-P42-03** ▪ **RM-P42-05** ▪ **RM-P42-06** ▪ **RM-P42-07** ▪ **RM-P42-08** ▪ **RM-P42-40**

RD Record Business Rules (Continued)

Business Rule Reference	Business Rule Description	Affected Data	Response Message Reference
BR-P41-02	▪ The data elements must comply with the data formats identified in section 5.3.1 above.	▪ Referral ID ▪ Start Date Time ▪ End Date Time ▪ Extract From Date Time ▪ Extracted Date Time ▪ Deleted Flag	▪ **RM-P42-09** ▪ **RM-P42-10** ▪ **RM-P42-11** ▪ **RM-P42-12** ▪ **RM-P42-13** ▪ **RM-P42-43**
BR-P41-03	▪ The data elements must comply with the data code ranges identified in section 5.3.2 above.	▪ File Version ▪ Team Code ▪ Referral From ▪ Referral To ▪ Referral End code	▪ RM-P42-14 ▪ **RM-P42-16** ▪ RM-P42-17 ▪ RM-P42-18 ▪ RM-P42-19
BR-P41-04	▪ The data elements date must be on or after the 'Valid from' date in the data set.	▪ Team Code ▪ Referral From ▪ Referral To ▪ Referral End code	▪ RM-P42-20 ▪ RM-P42-21 ▪ RM-P42-22 ▪ RM-P42-23
BR-P41-05	▪ The data elements date must be on or before the 'Valid to' date in the data set.	▪ Team Code ▪ Referral From ▪ Referral To ▪ Referral End code	▪ RM-P42-24 ▪ RM-P42-25 ▪ RM-P42-26 ▪ RM-P42-27
BR-P41-06	▪ The *Submitting Org ID* must be a valid ID in the HPI.	▪ Submitting Org ID	▪ **RM-P42-28**
BR-P41-07	▪ The *Organisation ID* must be a valid ID in the HPI.	▪ Organisation ID	▪ **RM-P42-29**
BR-P41-08	▪ The *Referral Start Date Time* must be on or after the consumers *Date of Birth*.	▪ Referral Start Date Time	▪ RM-P42-30
BR-P41-10	▪ The *Referral Start Date Time* must be on or after the *Team Open Date.*	▪ Referral Start Date Time	▪ RM-P42-32
BR-P41-11	▪ The *Referral End Date Time* must be on or before the *Team Close Date.*	▪ Referral End Date Time	▪ RM-P42-33
BR-P41-12 [Retired]	▪ [Retired] The *Referral End Date Time* must be on or after the *Activity End Date Time*, the *Classification End Date Time*, the *Collection Occasion Date Time*.	▪ Referral End Date Time	▪ RM-P42-34 [Retired]
BR-P41-13 [Retired]	▪ [Retired] The following data elements must be supplied when the *Referral To* field is populated.	Referral End Code Referral End Date Time	RM-P42-35 [Retired] RM-P42-36 [Retired]
BR-P41-14	▪ The *Referral End Date Time* must be on or after the *Referral Start Date Time*.	▪ Referral Start Date Time	▪ RM-P42-37

		▪ Referral End Date Time	▪ RM-P42-37
BR-P41-17	▪ The *Referral Start Date/Time* must not be a future date/time.	▪ Referral Start Date Time	▪ RM-P42-41
BR-P41-18	▪ The *Referral End Date Time* must not be a future date time	▪ Referral End Date Time	▪ RM-P42-42
BR-P41-22	▪ Referral To, Referral End Code and Referral End Date Time must all be supplied when any one of these fields is supplied.	▪ Referral To ▪ Referral End Code ▪ Referral End Date Time	▪ RM-P42-46
BR-P41-23	▪ The Referral End Date Time must be on or after the Activity End Date Time	▪ Referral end date Time ▪ Activity End Date Time	▪ RM-P42-47

5.3.4 RD Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Referral Discharge':

Important Notes:
Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P42-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *File Version* has not been supplied in the RD record.
RM-P42-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Referral ID* has not been supplied in the RD record.
RM-P42-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Organisation ID* has not been supplied in the RD record.
RM-P42-05	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Code* has not been supplied in the RD record.
RM-P42-06	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Start Date* has not been supplied in the RD record.
RM-P42-07	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Extract From Date Time* has not been supplied in the RD record.
RM-P42-08	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Extracted Date Time* has not been supplied in the RD record.
RM-P42-09	Error	Error – Incorrect Data Format	▪ The *Referral ID* supplied in the RD record does not comply with the correct data format.
RM-P42-10	Error	Error – Incorrect Data Format	▪ The *Start Date Time* supplied in the RD record does not comply with the correct data format.
RM-P42-11	Error	Error – Incorrect Data Format	▪ The *End Date Time* supplied in the RD record does not comply with the correct data format.
RM-P42-12	Error	Error – Incorrect Data Format	▪ The *Extract From Date Time* supplied in the RD record does not comply with the correct data format.
RM-P42-13	Error	Error – Incorrect Data Format	▪ The *Extracted Date Time* supplied in the RD record does not comply with the correct data format.
RM-P42-14	Error	Error – Incorrect Code Range	▪ The *File Version* in the RD record is not within the correct code range.
RM-P42-16	Error	Error – Incorrect Code Range	▪ The *Team Code* in the RD record is not within the correct code range.
RM-P42-17	Error	Error – Incorrect Code Range	▪ The *Referral From* in the RD record is not within the correct code range.
RM-P42-18	Error	Error – Incorrect Code Range	▪ The *Referral To* in the RD record is not within the correct code range.
RM-P42-19	Error	Error – Incorrect Code Range	▪ The *Referral End Code* in the RD record is not within the correct code range.
RM-P42-20	Error	Error – Invalid Data	▪ The *Team Code* in the RD record is before the 'Valid From Date" in the code set.

RD Record Processing, Error and Warning Messages (Continued)

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

5.4 Activity (AT) Record

5.4.1 AT Record Data Elements

The data elements of the Activity Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Activity Record (AT) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Activity ID	ID	XX (20)	M	-
Activity Type	Code	ANN	M	Yes
Activity Setting	Code	XX	M	Yes
Family Whanau Involvement	Code	X	M	Yes
Healthcare Worker CPN	ID	NNXXXX	O	-
Start Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
End Date Time	Date	CCYY-MM-DDTHH:MM:SS	C	-

5.4.2 AT Record Code Set Elements

The data elements of the Activity Record that have coded values are listed below.

Activity Record (AT) Code Set Details		
Coded Data Element	**Range**	**Description**
Activity Type	➔	Refer to *Activity Type* section in the HISO 10023.3 PRIMHD Code Set.
Activity Setting	➔	Refer to *Activity Setting* section in the HISO 10023.3 PRIMHD Code Set.
Family Whanau Involvement	➔	Refer to *Family Whanau Involvement* section in the HISO 10023.3 PRIMHD Code Set.

5.4.3 AT Code /FWI Code Matrix

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

Activity Type and Family Whanau Involvement Matrix (FWI)			
ACTIVITY_CODE	**FWI YES**	**FWI NO**	**Comment**
T01	1	2	Could legitimately be either.
T02		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T03		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T04		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T05		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T07	1	2	Could legitimately be either.
T08		2	Should always be N
T10		2	Should always be N
T11		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T12		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T13		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T14		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T15	1	2	Could legitimately be either.
T16		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T17	1	2	Could legitimately be either.
T18	1	2	Could legitimately be either.
T19	1	2	Could legitimately be either.
T20		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T21		2	Bednight, leave, seclusion, ECT. FWI should always be N.

T22	1	2	Could legitimately be either.
T23	1	2	Could legitimately be either.
T24	1	2	Could legitimately be either.
T27		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T28		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T29		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T30		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T32	1		Should always be Y
T33		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T34		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T35	1	2	T35 with FWI = Y means the planned appointment was to have Family/whanau involvement.
T36	1		Should always be Y. (End date 30/06/2024. Replaced with new code T53 - Individual treatment attendance, which should be used with FWI = Y or N as applicable.)
T37		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T38	1	2	Could legitimately be either.
T39	1	2	Could legitimately be either.
T40	1	2	Could legitimately be either.
T41	1	2	Could legitimately be either.
T42		2	Should always be N. End date 30/06/2024. Replaced with new code T53 - Individual treatment attendance. Use with FWI = Y or N as applicable.
T43	1	2	Could legitimately be either.
T44	1	2	Could legitimately be either.
T45	1	2	Could legitimately be either.
T46	1	2	Could legitimately be either.
T47	1	2	Could legitimately be either.
T48		2	Bednight, leave, seclusion, ECT. FWI should always be N.
T49	1	2	Could legitimately be either.
T50	1	2	Could legitimately be either.
T51	1	2	Could legitimately be either.
T52	1	2	Could legitimately be either.
T53	1	2	Could legitimately be either.

5.4.4 AT Record Business Rules

The following business rules apply to the data associated with the process 'Validate Activity'.

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

BR-P52-18	▪ An invalid family/whanau indicator/activity type code combination has been supplied	▪ Family Whanau Involvement	▪ RM-P52-29

5.4.5 AT Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Activity:

Important Notes:
Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P52-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Activity ID* has not been supplied in the AT record.
RM-P52-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Activity Type* has not been supplied in the AT record.
RM-P52-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Activity Setting* has not been supplied in the AT record.
RM-P52-04	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Start Date Time* has not been supplied in the AT record.
RM-P52-05	Error	Error – Incorrect Data Format	▪ The *Activity ID* supplied in the AT record does not comply with the correct data format.
RM-P52-06	Error	Error – Incorrect Data Format	▪ The *Start Date Time* supplied in the AT record does not comply with the correct data format.
RM-P52-07	Error	Error – Incorrect Data Format	▪ The *End Date Time* supplied in the AT record does not comply with the correct data format.
RM-P52-08	Error	Error – Incorrect Code Range	▪ The *Activity Type* in the AT record is not within the correct code range
RM-P52-09	Error	Error – Incorrect Code Range	▪ The *Activity Setting* in the AT record is not within the correct code range.
RM-P52-10	Error	Error – Invalid Data	▪ The *Activity Type* code in the AT record is before the 'Valid From Date" in the code set.
RM-P52-11	Error	Error – Invalid Data	▪ The *Activity Setting* code in the AT record is before the 'Valid From Date" in the code set.
RM-P52-12	Error	Error – Invalid Data	▪ The *Activity Type* code in the AT record is after the 'Valid To Date" in the code set.
RM-P52-13	Error	Error – Invalid Data	▪ The *Activity Setting* code in the AT record is after the 'Valid To Date" in the code set.
RM-P52-14	Error	Error – Invalid Data	▪ The *Healthcare Worker CPN* supplied in the AT record is not a valid ID in the HPI.
RM-P52-15	Error	Error – Invalid Data	▪ The *Activity Start Date Time* is before the *Referral Start Date Time*.
RM-P52-16	Error	Error – Missing Conditional Data	▪ The *Activity End Date Time* has not been supplied in the AT record. It must be supplied when the *Referral End Date Time* is supplied.
RM-P52-17	Error	Error – Invalid Data	▪ The *Activity End Date Time* is before the *Activity Start Date Time*.
RM-P52-18	Warning	Warning – Invalid Data	▪ The *Activity Type* in the AT record is not a valid combination with a PH, AV or SM *Activity Setting.*
RM-P52-19	Error	Error – Missing Conditional Data	▪ The *Activity End Date Time* has not been supplied in the AT record. It should be supplied when the *Activity Type* is not an inpatient event or when the consumer ceases to receive activities from the team, regardless of *Activity Type*.
RM-P52-20	Error	Error – Invalid Data	▪ The *Activity Start Date/Time* is before 1 July 2008.
RM-P52-21	Error	Error – Invalid Data	▪ An *Activity ID* has been used more than once in this referral.

	RM-P52-22	Error	Error – Invalid Data	▪ The *Activity Start Date Time* is a future date time.
	RM-P52-23	Error	Error – Invalid Data	▪ The *Activity End Date* is after the consumer's Date of Death. It must be on or before the Date of Death except when the *Activity Type Code* is one of the following: T08, T32, T38, T39, T40, T41, T47, T49.

AT Record Processing, Error and Warning Messages (Continued)

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P52-24	Error	Error – Invalid Data	▪ The *Activity End Date Time* is a future date time.
RM-P52-25	Error	Error – Incorrect Code Range	▪ The Family Whanau code in the AT record is not within the correct code range.
RM-P52-26	Error	Error – Invalid Data	▪ The *Family Whanau* code in the AT record is before the 'Valid From Date" in the code set.
RM-P52-27	Error	Error – Invalid Data	▪ The *Family Whanau* code in the AT record is after the 'Valid To Date" in the code set.
RM-P52-28	Warning	Warning – Missing Data	▪ A *Family/whanau Involvement* value has not been provided for this activity record. Note: Retired from 30 June 2024
RM-P52-29	Error	Error – Invalid Combination	▪ An invalid family/whanau indicator/activity type code combination has been supplied.
RM-P52-30	Error	Error – Missing Mandatory Data	▪ The mandatory data element Family Whanau Involvement has not been supplied in the AT record. *Note: Effective 1 July 2024*

5.5 Classification (CN) Record

5.5.1 CN Record Data Elements

The data elements of the Classification Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Classification Record (CN) Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Classification Code ID	ID	XX (20)	M	-
Clinical Coding System ID	Code	XX	M	Yes
Diagnosis Type	Code	A	M	Yes
Clinical Code Value	Code	XXXXXXXX	M	Yes
Start Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
End Date Time	Date	CCYY-MM-DDTHH:MM:SS	C	-

5.5.2 CN Record Code Set Elements

The data elements of the Classification Record that have coded values are listed below.

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

5.5.3 CN Record Business Rules

The following business rules apply to the data associated with the process 'Validate Classification'.

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

CN Record Business Rules (Continued)

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

CN Record Business Rules (Continued)

Business Rule Reference	Business Rule Description	Affected Data	Response Message Reference
BR-P61-30	▪ The *Diagnosis End Date Time* must be supplied when the *Referral End Date Time* is supplied in the RD record	▪ Diagnosis End Date Time	▪ RM-P62-53

5.5.4 CN Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Classification Record':

Important Notes:

Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P62-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Classification ID* has not been supplied in the CN record.
RM-P62-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Start Date Time* has not been supplied in the CN record.
RM-P62-03	Error	Error – Incorrect Data Format	▪ The *Classification Code ID* supplied in the CN record does not comply with the correct data format.
RM-P62-04	Error	Error – Incorrect Data Format	▪ The *Start Date Time* supplied in the CN record does not comply with the correct data format.
RM-P62-05	Error	Error – Incorrect Data Format	▪ The *End Date Time* supplied in the CN record does not comply with the correct data format.
RM-P62-09 [Retired]	Error	Error – Incorrect Code Range	▪ The *Issue Coding System ID* in the CN record is not within the correct code range.
RM-P62-10 [Retired]	Error	Error – Incorrect Code Range	▪ The *Issue Type* in the CN record is not within the correct code range.
RM-P62-11 [Retired]	Error	Error – Incorrect Code Range	▪ The *Issue Code Value* in the CN record is not within the correct code range.
RM-P62-14	Error	Error – Invalid Data	▪ The *Clinical Code Value* in the CN record is before the 'Valid From Date' in the code set.
RM-P62-20	Error	Error – Invalid Data	▪ The *Clinical Code Value* in the CN record is after the 'Valid To Date' in the code set.
RM-P62-24	Error	Error – Invalid Data	▪ The *Diagnosis Start Date Time* is before the *Referral Start Date Time*.
RM-P62-25	Error	Error – Invalid Data	▪ The *Diagnosis End Date Time* is after the *Referral End Date Time*.
RM-P62-26 [Retired]	Error	Error – Invalid Data	▪ The *Issues Start Date* is before the *Referral Start Date*.
RM-P62-27 [Retired]	Error	Error – Invalid Data	▪ The *Issues End Date Time* is after the *Referral End Date Time*.
RM-P62-28	Error	Error – Invalid Data	▪ The *Diagnosis End Date Time* is before the *Diagnosis Start Date Time*.
RM-P62-29 [Retired]	Error	Error – Invalid Data	▪ The *Issues End Date Time* is before the *Issues Start Date Time*.
RM-P62-30 [Retired]	Error	Error – Invalid Data	▪ The CN Record contains a *Diagnosis* and an *Issue.* The record should contain one or the other, not both.
RM-P62-31 [Retired]	Error	Error – Missing Conditional Data	▪ The conditional data element *Diagnosis Type* has not been supplied in the CN record. It should always be supplied when the field *Clinical Coding System ID* is populated.

CN Record Processing, Error and Warning Messages (Continued)

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P62-32 [Retired]	Error	Error – Missing Conditional Data	▪ The conditional data element *Clinical Code Value* has not been supplied in the CN record. It should always be supplied when the field *Clinical Coding System ID* is populated.
RM-P62-33 [Retired]	Error	Error – Missing Conditional Data	▪ The conditional data element *Diagnosis Start Date* has not been supplied in the CN record. It should always be supplied when the field *Clinical Coding System ID* is populated.
RM-P62-34 [Retired]	Error	Error – Missing Conditional Data	▪ The conditional data element *Issue Type* has not been supplied in the CN record. It should always be supplied when the field *Issue Coding System ID* is populated.
RM-P62-35 [Retired]	Error	Error – Missing Conditional Data	▪ The conditional data element *Issue Code Value* has not been supplied in the CN record. It should always be supplied when the field *Issue Coding System ID* is populated.
RM-P62-36 [Retired]	Error	Error – Missing Conditional Data	▪ The conditional data element *Issue Start Date* has not been supplied in the CN record. It should always be supplied when the field *Issue Coding System ID* is populated.
RM-P62-37	Warning	Warning – Missing Record	▪ A *Type A Diagnosis* has not been supplied within 91 days of the first face to face *Activity Record* for this Referral.
RM-P62-38	Warning	Warning – Missing Record	▪ A *Referral End Date* has been supplied, but a *Type A Diagnosis* has not been received for this referral.
RM-P62-39	Warning	Warning – Invalid Data	▪ 'Diagnosis Deferred' (DSMIV code 7999 and ICD-10-AM code R69) is not a valid *Type A* or *Type B Diagnosis*.
RM-P62-40	Warning	Warning – Invalid Data	▪ There is more than one current *Type A Diagnosis* in the CN record for this referral.
RM-P62-41	Error	Error – Invalid Data	▪ The *Type A Diagnosis* in the CN record is not a mental health diagnosis.
RM-P62-42	Warning	Warning – Invalid Data	▪ There are more than 5 current *Type B Diagnoses* in the CN record for this referral.
RM-P62-43	Error	Error – Missing Data	▪ There is no *Type A or Type P Diagnosis* in the CN record for this referral, therefore no *Type B Diagnosis* can be accepted.
RM-P62-44	Error	Error – Invalid Data	▪ There is more than 1 *Type P Diagnosis* in the CN record for this referral.
RM-P62-45	Error	Error – Invalid Data	▪ The *Diagnosis Start Date Time* is before the first *Activity Start Date Time* for this referral. This rule does not apply to Referrals with a Start Date prior to 1 July 2008.
RM-P62-46	Error	Error – Invalid Data	▪ There is an invalid combination of *Clinical Coding System ID*, *Clinical Code Value* and *Diagnosis Type* in the CN record.
RM-P62-47	Warning	Warning – Invalid Data	▪ There are more than 2 current *Type A Diagnoses* in the CN record for this referral A Dual Diagnosis Team should only supply 2 current *Type A Diagnoses* per Referral.
RM-P62-48	Error	Error – Invalid Data	▪ The *Diagnosis Type* in the CN record is not a mental health diagnosis type. It should be either Type A, B or P.
RM-P62-49	Error	Error – Invalid Data	▪ A *Classification Code ID* has been used more than once in this referral.
RM-P62-50	Error	Error – Invalid Data	▪ There is no Activity Record for this Referral, therefore no Classification Record can be accepted.
RM-P62-51	Error	Error – Invalid Data	▪ The *Diagnosis Start Date Time* is a future date time.
RM-P62-52	Error	Error – Invalid Data	▪ The *Diagnosis End Date Time* is a future date time.

CN Record Processing, Error and Warning Messages (Continued)

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P62-53	Error	Error – Missing Conditional Data	▪ The *Diagnosis End Date Time* has not been supplied in the CN record. It must be supplied when the *Referral End Date Time* is supplied.
RM-P62-54	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Clinical Coding System ID* has not been supplied in the CN record.
RM-P62-55	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Diagnosis Type* has not been supplied in the CN record.
RM-P62-56	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Clinical Code Value* has not been supplied in the CN record.

5.6 Collection Occasion (CO) Record

5.6.1 CO Record Data Elements

The data elements of the Collection Occasion Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Collection Occasion Record (CO) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Collection Occasion ID	ID	XX (20)	M	-
Reason for Collection	Code	AANN	M	Yes
Collection Occasion Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-
Healthcare Worker CPN	ID	NNXXXX	O	-
Outcome Episode ID	ID	NN (9)	O	-
Protocol Version	Code	NNNN	O	Yes
Focus of Care	Code	AANN	C	Yes

5.6.2 CO Record Code Set Elements

The data elements of the Collection Occasion Record that have coded values are listed below.

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

5.6.3 CO Record Business Rules

The following business rules apply to the data associated with the process 'Validate Collection_Occasion'.

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

BR-P71-18	▪ The *Collection Occasion Date Time* must not be a future date time.	▪ Collection Occasion Date Time	▪ RM-P72-29

CO Record Processing, Error and Warning Messages (Continued)

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

5.6.4 CO Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Collection_Occasion:

Important Notes:

Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P72-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Collection Occasion ID* has not been supplied in the CO record.
RM-P72-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Reason For Collection* has not been supplied in the CO record.
RM-P72-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Collection Occasion Date Time* has not been supplied in the CO record.
RM-P72-05	Error	Error – Incorrect Data Format	▪ The *Collection Occasion ID* supplied in the CO record does not comply with the correct data format.
RM-P72-06	Error	Error – Incorrect Data Format	▪ The *Collection Occasion Date Time* supplied in the CO record does not comply with the correct data format.
RM-P72-07	Error	Error – Incorrect Data Format	▪ The *Outcome Episode ID* supplied in the CO record does not comply with the correct data format.
RM-P72-08	Error	Error – Incorrect Code Range	▪ The *Reason For Collection* in the CO record is not within the correct code range.
RM-P72-09	Error	Error – Incorrect Code Range	▪ The *Protocol Version* in the CO record is not within the correct code range.
RM-P72-10	Error	Error – Incorrect Code Range	▪ The *Focus Of Care* in the CO record is not within the correct code range
RM-P72-11	Error	Error – Invalid Data	▪ The *Reason For Collection* code in the CO record is before the 'Valid From Date" in the code set.
RM-P72-12	Error	Error – Invalid Data	▪ The *Protocol Version* code in the CO record is before the 'Valid From Date" in the code set.
RM-P72-13	Error	Error – Invalid Data	▪ The *Focus Of Care* code in the CO record is before the 'Valid From Date" in the code set.
RM-P72-14	Error	Error – Invalid Data	▪ The *Reason For Collection* code in the CO record is after the 'Valid To Date" in the code set.
RM-P72-15	Error	Error – Invalid Data	▪ The *Protocol Version* code in the CO record is after the 'Valid To Date" in the code set.
RM-P72-16	Error	Error – Invalid Data	▪ The *Focus Of Care* code in the CO record is after the 'Valid To Date" in the code set.
RM-P72-17	Error	Error – Invalid Data	▪ The *Healthcare Worker CPN* supplied in the CO record is not a valid ID in the HPI.
RM-P72-18	Error	Error – Invalid Data	▪ The *Collection Occasion Date Time* is before the *Referral Start Date Time*.
RM-P72-19	Error	Error – Invalid Data	▪ The *Collection Occasion Date Time* is after the *Referral End Date Time*.
RM-P72-20	Error	Error – Missing Conditional Data	▪ The conditional data element *Focus Of Care* has not been supplied in the CO record. It should always be supplied when the field *Outcome Tool Type Version* is populated with one of the following in the OT record: A1, G1, S1, L1 AND the *Reason For Collection* is one of the following: RC01, RC05, RC06, RC07, RC08, RC09, RC11, RC12.

CO Record Processing, Error and Warning Messages (Continued)

The following business rule responses are continued for the process 'Validate Collection Occasion Record':

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

5.7 Outcome Tool (OT) Record

5.7.1 OT Record Data Elements

The data elements of the Outcome Tool Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Outcome Tool Record (OT) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Outcome Tool Type Version	Code	AN	M	Yes
Mode of Administration	Code	AANN	M	Yes
Collection Status	Code	AANN	M	Yes
Completion Date Time	Date	CCYY-MM-DDTHH:MM:SS	M	-

5.7.2 OT Record Code Set Elements

The data elements of the Outcome Tool Record that have coded values are listed below.

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

5.7.3 OT Record Business Rules

The following business rules apply to the data associated with the process 'Validate Outcome_Tool'.

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

5.7.4 OT Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Outcome_Tool:

Important Notes:

Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P82-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Outcome Tool Type Version* has not been supplied in the OT record.
RM-P82-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Mode Of Administration* has not been supplied in the OT record.
RM-P82-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Collection Status* has not been supplied in the OT record.
RM-P82-04	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Completion Date Time* has not been supplied in the OT record.
RM-P82-05	Error	Error – Incorrect Data Format	▪ The *Completion Date Time* supplied in the OT record does not comply with the correct data format.
RM-P82-06	Error	Error – Incorrect Code Range	▪ The *Outcome Tool Type Version* in the OT record is not within the correct code range.
RM-P82-07	Error	Error – Incorrect Code Range	▪ The *Mode Of Administration* in the OT record is not within the correct code range.
RM-P82-08	Error	Error – Incorrect Code Range	▪ The *Collection Status* in the OT record is not within the correct code range.
RM-P82-09	Error	Error – Invalid Data	▪ The *Outcome Tool Type Version* code in the OT record is before the 'Valid From Date" in the code set.
RM-P82-10	Error	Error – Invalid Data	▪ The *Mode Of Administration* code in the OT record is before the 'Valid From Date" in the code set.
RM-P82-11	Error	Error – Invalid Data	▪ The *Collection Status* code in the OT record is before the 'Valid From Date" in the code set.
RM-P82-12	Error	Error – Invalid Data	▪ The *Outcome Tool Type Version* code in the OT record is after the 'Valid To Date" in the code set.
RM-P82-13	Error	Error – Invalid Data	▪ The *Mode Of Administration* code in the OT record is after the 'Valid To Date" in the code set.
RM-P82-14	Error	Error – Invalid Data	▪ The *Collection Status* code in the OT record is after the 'Valid To Date" in the code set.
RM-P82-15	Error	Error – Invalid Data	▪ The *Completion Date Time* in the OT record is before the *Collection Occasion Date Time* in the CO record.
RM-P82-16	Error	Error – Invalid Data	▪ The *Completion Date Time* is a future date time.

5.8 Outcome Item (OI) Record

5.8.1 OI Record Data Elements

The data elements of the Outcome Item Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Outcome Item Record (OI) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Outcome Item Code	Code	XXX	M	Yes
Outcome Item Value	Code	XX	M	Yes

5.8.2 OI Record Code Set Elements

The data elements of the Outcome Item Record that have coded values are listed below.

Outcome Item Record (OI) Code Set Details		
Coded Data Element	**Range**	**Description**
Outcome Item Code	➔	Refer to *Outcome Item Code* section in the HISO 10023.3 PRIMHD Code Set.
Outcome Item Value	➔	Refer to *Outcome Item Value* section in the HISO 10023.3 PRIMHD Code Set.

5.8.3 OI Record Business Rules

The following business rules apply to the data associated with the process 'Validate Outcome_Item'.

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

OI Record Business Rules (Continued)

The following business rules apply to the data associated with the process 'Validate Outcome_Item'.

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

	submitted where the Outcome Tool Type Code is M1.		

OI Record Business Rules
(Continued)

Business Rule Reference	Business Rule Description	Affected Data	Response Message Reference
BR-P91-21	▪ Outcome Item 09c cannot be submitted if Outcome Item 09a or 09b have not been submitted where the Outcome Tool Type Code is M1.	▪ Outcome Item	RM-P92-22
BR-P91-22	▪ If the Outcome Tool Type is M1, the OI record should not contain more than 2 mandatory Outcome Item values of 'Z' or '99' where the Outcome Tool Type Code is M1.	▪ Outcome Item value	RM-P92-23
BR-P91-23	▪ When the Outcome Tool Type and Version is I1 (HoNOSI) the following Outcome Item Codes must be populated: 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15.	▪ Outcome Tool Type ▪ Outcome Item Code	RM-P92-11 RM-P92-11

5.8.4 OI Record Processing, Error and Warning Messages

The following business rule responses apply to the process 'Validate Outcome_Item:

Important Notes:

Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P92-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Outcome Item Code* has not been supplied in the OI record.
RM-P92-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Outcome Item Value* has not been supplied in the OI record.
RM-P92-04	Error	Error – Incorrect Code Range	▪ The *Outcome Item Code* in the OI record is not within the correct code range.
RM-P92-06	Error	Error – Incorrect Code Range	▪ The *Outcome Item Value* in the OI record is not within the correct code range.
RM-P92-08	Error	Error – Invalid Data	▪ The *Outcome Item Value* code in the OI record is before the 'Valid From Date" in the code set.
RM-P92-10	Error	Error – Invalid Data	▪ The *Outcome Item Value* code in the OI record is after the 'Valid To Date" in the code set.
RM-P92-11	Error	Error – Missing Data	▪ The OI record is missing one or more *Outcome Item Codes.*
RM-P92-12	Warning	Warning – Invalid Data	▪ There are more than 2 '7' or '9' *Outcome Item Values* in the OI record.
RM-P92-13	Error	Error – Invalid Data	▪ An *Outcome Item Code* is included more than once in the results for the Outcome Tool.
RM-P92-14	Error	Missing Mandatory Data	▪ Both Outcome Items 07a and 07b must be submitted if either of these is submitted where the Outcome Tool Type Code is M1.
RM-P92-15	Error	Missing Mandatory Data	▪ Both Outcome Items 07c and 07d must be submitted if either of these is submitted where the Outcome Toll Type Code is M1.
RM-P92-16	Error	Missing Mandatory Data	▪ Both Outcome Items 07e and 07f must be submitted if either of these is submitted where the Outcome Tool Type Code is M1.
RM-P92-17	Error	Missing Mandatory Data	▪ Outcome Items 07c and 07d cannot be submitted if Outcome Items 07a and 07b have not been submitted where the Outcome Tool Type Code is M1.
RM-P92-18	Error	Missing Mandatory Data	▪ Outcome Items 07e and 07f cannot be submitted if Outcome Items 07a and 07b or 07c and 07d have not been submitted where the Outcome Tool Type Code is M1.
RM-P92-19	Error	Invalid Data	▪ The same Outcome Item Value (other than 06 or 98 or 99) cannot be used in more than one response to Outcome Items 07b, 07d or 07f where the Outcome Item Tool Type is M1.
RM-P92-20	Error	Invalid Data	▪ The same Outcome Item Value (other than X or Z) cannot be sued more than once for Outcome Items 09a, 09b or 09c where the Outcome Item Tool Type is M1.
RM-P92-21	Error	Missing Mandatory Data	▪ Outcome Item 09b cannot be submitted if Outcome item 09a has not been submitted where the Outcome Tool Type Code is M1.
RM-P92-22	Error	Missing Mandatory Data	▪ Outcome Item 09c cannot be submitted if Outcome Item 09a or 09b have not been submitted where the Outcome Tool Type Code is M1.

OI Record Processing, Error and Warning Messages (Continued)

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P92-23	Warning	Invalid Data	There are more than two 'Z' or '99' mandatory Outcome Item Values in the OI record where the Outcome Tool Type Code is M1.

5.9 Supplementary Consumer (SC) Record

5.9.1 SC Record Data Elements

The data elements of the Supplementary Consumer Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Supplementary Consumer (SC) Record Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Supplementary Consumer Record ID	ID	XX (20)	M	No
Collection Date	Date	CCYY-MM-DD	M	No
Wellness Plan	Code	X (1)	M	Yes
Accommodation	Code	X (1)	M	Yes
Employment Status	Code	X (1)	M	Yes
Education Status	Code	X (1)	M	Yes

5.9.2 SC Record Code Set Elements

The data elements of the Supplementary Consumer Record that have coded values are listed below.

Outcome Item Record (OI) Code Set Details		
Coded Data Element	**Range**	**Description**
Wellness Plan	1	Yes
	2	No
	7	Unknown
Accommodation	1	Independent
	2	Supported
	3	Homeless
Employment Status	1	In paid employment for 30 hours or more per week
	2	In paid employment for 1 to fewer than 30 hours per week
	3	Not in paid employment – fewer than 1 hour per week
Education Status	1	Yes
	2	No

5.9.3 SC Record Business Rules

The following business rules ensure the collection of valid Supplementary Consumer Records.

Business Rule Reference	Business Rule Description	Affected Data	Response Message Reference
BR-P121-01	▪ The record must contain all mandatory data as identified in Section 5.9.1 above.	▪ Supplementary Consumer Record ID ▪ Collection Date ▪ Wellness Plan ▪ Accommodation ▪ Employment Status ▪ Education Status	▪ RM-P122-01 ▪ RM-P122-02 ▪ RM-P122-03 ▪ RM-P122-04 ▪ RM-P122-05 ▪ RM-P122-06
BR-P121-02	▪ The data elements must comply with the data formats identified in section 5.9.1 above.	▪ Supplementary Consumer Record ID ▪ Collection Date ▪ Wellness Plan ▪ Accommodation ▪ Employment Status ▪ Education Status	▪ RM-P122-07 ▪ RM-P122-08 ▪ RM-P122-09 ▪ RM-P122-10 ▪ RM-P122-11 ▪ RM-P122-12
BR-P121-03	▪ The data elements must comply with the data code ranges identified in Section 5.9.2 above.	▪ Wellness Plan ▪ Accommodation ▪ Employment Status ▪ Education Status	▪ RM-P112-13 ▪ RM-P122-14 ▪ RM-P122-15 ▪ RM-P122-16
BR-P121-04	▪ The *Collection Date* must be on or after the 'Valid from' date for the values submitted from the Supplementary Consumer code sets.	▪ Collection Date ▪ Wellness Plan ▪ Accommodation ▪ Employment Status ▪ Education Status	▪ RM-P122-17 ▪ RM-P122-19 ▪ RM-P122-21 ▪ RM-P122-23
BR-P121-05	▪ The *Collection Date* must be on or before the 'Valid to' date for the values submitted from the Supplementary Consumer code sets.	▪ Collection Date ▪ Wellness Plan ▪ Accommodation ▪ Employment Status ▪ Education Status	▪ RM-P122-18 ▪ RM-P122-20 ▪ RM-P122-22 ▪ RM-P122-24
BR-P121-06	▪ The *Collection Date* must be on or after the *Referral Start Date Time*.	▪ Collection Date ▪ Referral Start Date Time	▪ RM-P122-25
BR-P121-07	▪ The *Collection Date* must be on or before the *Referral End Date Time*.	▪ Collection Date ▪ Referral End Date Time	▪ RM-P122-26
BR-P121-08	▪ The *Collection Date* must be not be a future date.	▪ Collection Date	▪ RM-P122-27
BR-P121-09	▪ The *Supplementary Consumer Record ID* must be unique within the referral	▪ Supplementary Consumer Record ID	▪ RM-P122-28

	BR-P121-10 Retired	▪ A *Referral Discharge* record which begins on or after 1 July 2016 should contain at least one *Supplementary Consumer Record* with a *Collection Date* within 91 days of the first face-to-face *Activity Start Date Time* unless the *Referral End Code* is DD, DG, DM, ID, RI, or RO. ▪ "*Note SCRs are not required on all referrals. See the Guidelines for more details"*	▪ Supplementary Consumer Record Collection Date ▪ Activity Start Date Time	▪ RM-P122-29
SC Record Business Rules (Continued)	**Business Rule Reference**	**Business Rule Description**	**Affected Data**	**Response Message Reference**
	BR-P121-11 Retired	▪ For each *Supplementary Consumer Record* contained within a *Referral Discharge Record* beginning on or after 1 July 2016, the *Collection Date* should be fewer than or equal to 365 days before either the collection date of another SC record or the *Referral Discharge End Date Time.* This is unless the *Referral End Code* is DD, DG, DM, ID, RI, or RO. ▪ "*Note SCRs are not required on all referrals. See the Guidelines for more details"*	▪ Supplementary Consumer Record Collection Date ▪ Referral Discharge End Date Time ▪ Referral End Code	▪ RM-P122-30
	BR-P121-12 Retired	▪ A *Referral Discharge Record* which begins on or after 1 July 2016 should contain a *Supplementary Consumer Record* with a *Collection Date* within 91 days before the *Referral End Date Time* for an ended referral unless the *Referral End Code* is DD, DG, DM, ID, RI, or RO. ▪ "*Note SCRs are not required on all referrals. See the Guidelines for more details"*	▪ Supplementary Consumer Record Collection Date ▪ Referral End Date Time	▪ RM-P122-31
	BR-P121-13	▪ A *Referral Discharge Record* may not contain more than one *Supplementary Consumer Record* with the same *Collection Date*.	▪ Collection Date	▪ RM-P122-32

5.9.4 SC Record Processing Error and Warning Messages

The following business rule responses may arise in ensuring the collection of valid Supplementary Consumer Records.

Important Notes:

Response messages are intended to provide clarity around conditions where business rules are not successfully met:

4. An 'Error' is fatal and the process cannot proceed until corrected.
5. A 'Warning' means unusual conditions encountered but are acceptable.
6. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P122-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Supplementary Consumer ID* has not been supplied in the SC record.
RM-P122-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Collection Date* has not been supplied in the SC record.
RM-P122-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Wellness Plan* has not been supplied in the SC record.
RM-P122-04	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Accommodation* has not been supplied in the SC record.
RM-P122-05	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Employment Status* has not been supplied in the SC record.
RM-P122-06	Error	Error –Missing Mandatory Data	▪ The mandatory data element *Education Status* has not been supplied in the SC record.
RM-P122-07	Error	Error – Incorrect Data Format	▪ The *Supplementary Consumer Record ID* supplied in the SC record does not comply with the correct data format.
RM-P122-08	Error	Error – Incorrect Data Format	▪ The *Collection Date* supplied in the SC record does not comply with the correct data format.
RM-P122-09	Error	Error – Incorrect Data Format	▪ The *Wellness Plan* supplied in the SC record does not comply with the correct data format.
RM-P122-10	Error	Error – Incorrect Data Format	▪ The *Accommodation* supplied in the SC record does not comply with the correct data format.
RM-P122-11	Error	Error – Incorrect Data Format	▪ The *Employment Status* supplied in the SC record does not comply with the correct data format.
RM-P122-12	Error	Error –Incorrect Data Format	▪ The *Education Status* supplied in the SC record does not comply with the correct data format.
RM-P122-13	Error	Error – Incorrect Code Range	▪ The *Wellness Plan* in the SC record is not within the correct code range.
RM-P122-14	Error	Error – Incorrect Code Range	▪ The *Accommodation* in the SC record is not within the correct code range.
RM-P122-15	Error	Error – Incorrect Code Range	▪ The *Education Status* in the SC record is not within the correct code range.
RM-P122-16	Error	Error – Incorrect Code Range	▪ The *Employment Status* in the SC record is not within the correct code range.
RM-P122-17	Error	Error – Invalid Data	▪ The *Collection Date* in the SC record is before the 'Valid From Date' for the submitted *Wellness Plan* code.
RM-P122-18	Error	Error – Invalid Data	▪ The *Collection Date* in the SC record is after the 'Valid To Date' for the submitted *Wellness Plan* code.
RM-P122-19	Error	Error – Invalid Data	▪ The *Collection Date* in the SC record is before the 'Valid From Date' for the submitted *Accommodation* code.
RM-P122-20	Error	Error – Invalid Data	▪ The *Collection Date* in the SC record is after the 'Valid To Date' for the submitted *Accommodation* code.

RM-P122-21	Error	Error – Invalid Data	▪ The *Collection Date* in the SC record is before the 'Valid From Date' for the submitted *Employment Status* code.

SC Record Processing Error and Warning Messages (Continued)

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

5.10 Team (TR) Record

5.10.1 TR Record Data Elements

The data elements of the Team Record are listed below.

Table Key: M = Mandatory. O = Optional. C = Conditional.

Team Record (TR) Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
File Version	ID	N.N	M	Yes
Submitting Org ID	ID	GXXNNN-C	M	-
Service Provider Organisation ID	ID	GXXNNN-C	M	-
Team Code	ID	XXXXXX	M	Yes
Team Name	ID	XX (Free Text 255)	M	-
Team Type	Code	NNNN	M	Yes
Team Setting	Code	A	M	Yes
Team Service Type	Code	AA	M	Yes
Team Target Population	Code	N	M	Yes
Facility ID	ID	FXXNNN-C	M	-
Team Open Date	Date	CCYY-MM-DD	M	-
Team Close Date	Date	CCYY-MM-DD	O	-
Comments	ID	XX (Free Text 255)	O	-
Contract ID	ID	NNNNNN-NN	C	-
Provider ID	ID	NNNNNN	C	-

5.10.2 TR Record Code Set Elements

The data elements of the Team Record that have coded values are listed below.

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

5.10.3 TR Record Business Rules

A Team consists of a person or a functionally discrete grouping of people providing mental health and addiction services. Team records are maintained by Health NZ.

The following data requirements apply to the Team Record:

1. Each Team will have a single unique Team Code to identify the record.
2. Team Records are maintained by Health NZ.
3. PRIMHD will retain a history of team information.

Business Rule Reference	Business Rule Description	Affected Data	Response Message Reference
BR-P101-01	▪ The record must contain all mandatory data as identified in section 5.9.1 above.	▪ File Version ▪ Organisation ID ▪ Team Code ▪ Team Name ▪ Team Type ▪ Team Setting ▪ Team Service Type ▪ Team Target Population ▪ Facility ID ▪ Team Open Date ▪ Submitting Org ID	▪ RM-P102-01 ▪ RM-P102-02 ▪ RM-P102-03 ▪ RM-P102-04 ▪ RM-P102-05 ▪ RM-P102-06 ▪ RM-P102-07 ▪ RM-P102-08 ▪ RM-P102-09 ▪ RM-P102-11 ▪ RM-P102-48
BR-P101-02	▪ The data elements must comply with the data formats identified in section 5.9.1 above.	▪ Team Name ▪ Team Open Date ▪ Team Close Date ▪ Comments ▪ Contract ID ▪ Provider ID	▪ RM-P102-16 ▪ RM-P102-17 ▪ RM-P102-18 ▪ RM-P102-19 ▪ RM-P102-20 ▪ RM-P102-21
BR-P101-03	▪ The data elements must comply with the data code ranges identified in section 5.9.2 above.	▪ File Version ▪ Team Type ▪ Team Setting ▪ Team Service Type ▪ Team Target Population ▪ Agency Code	▪ RM-P102-22 ▪ RM-P102-24 ▪ RM-P102-25 ▪ RM-P102-26 ▪ RM-P102-27 ▪ RM-P102-28
BR-P101-06	▪ The *Organisation ID* must be a valid ID in the HPI.	▪ Organisation ID	▪ RM-P102-39
BR-P101-07	▪ The *Facility ID* must be a valid ID in the HPI.	▪ Facility ID	▪ RM-P102-40
BR-P101-08	▪ *The Team Close Date* must be on or after the *Team Open Date.*	▪ Team Open Date ▪ Team Close Date	▪ RM-P102-41 ▪ RM-P102-41
BR-P101-09	▪ The *Team Type* and *Activity Type* should be a valid combination as listed in the matrix in section 5.9.5.	▪ Team Type ▪ Activity Type	▪ RM-P102-42 ▪ RM-P102-42
BR-P101-10	▪ The conditional data elements must be supplied when the *Organisation Type* is not 001 (DHB).	▪ Contract ID ▪ Provider ID	▪ RM-P102-43 ▪ RM-P102-44
BR-P101-11	▪ Only Health NZ can submit Team Records.	▪ Team Record	▪ RM-P102-45
BR-P101-12	▪ The *Team Open Date* must not be a future date.	▪ Team Open Date	▪ RM-P102-46
BR-P101-13	▪ The *Team Close Date* must not be a future date.	▪ Team Close Date	▪ RM-P102-47

5.10.4 TR Record Processing, Error and Warning Messages

The following business rule responses apply to the Team Record Information:

Important Notes:

Response messages are intended to provide clarity around conditions where business rules are not successfully met:

1. An 'Error' is fatal and the process cannot proceed until corrected.
2. A 'Warning' means unusual conditions encountered but are acceptable.
3. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P102-01	Error	Error – Missing Mandatory Data	▪ The mandatory data element *File Version* has not been supplied in the TR record.
RM-P102-02	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Organisation ID* has not been supplied in the TR record.
RM-P102-03	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Code* has not been supplied in the TR record.
RM-P102-04	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Name* has not been supplied in the TR record.
RM-P102-05	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Type* has not been supplied in the TR record.
RM-P102-06	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Setting* has not been supplied in the TR record.
RM-P102-07	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Service Type* has not been supplied in the TR record.
RM-P102-08	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Target Population* has not been supplied in the TR record.
RM-P102-09	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Facility ID* has not been supplied in the TR record.
RM-P102-11	Error	Error – Missing Mandatory Data	▪ The mandatory data element *Team Open Date* has not been supplied in the TR record.
RM-P102-16	Error	Error – Incorrect Data Format	▪ The *Team Name* supplied in the TR record does not comply with the correct data format.
RM-P102-17	Error	Error – Incorrect Data Format	▪ The *Team Open Date* supplied in the TR record does not comply with the correct data format.
RM-P102-18	Error	Error – Incorrect Data Format	▪ The *Team Close Date* supplied in the TR record does not comply with the correct data format.
RM-P102-19	Error	Error – Incorrect Data Format	▪ The *Comments* supplied in the TR record does not comply with the correct data format.
RM-P102-20	Error	Error – Incorrect Data Format	▪ The *Contract ID* supplied in the TR record does not comply with the correct data format.
RM-P102-21	Error	Error – Incorrect Data Format	▪ The *Provider ID* supplied in the TR record does not comply with the correct data format.
RM-P102-22	Error	Error – Incorrect Code Range	▪ The *File Version* in the TR record is not within the correct code range.

TR Record Processing, Error and Warning Messages (Continued)

The following business rule responses are continued for the Team Record Information:

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

5.10.5 Team Type and Activity Type Matrix

The matrix on the next five pages identifies which Activity Type each different Team Type can report:

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

T50 Support for parents with Mental Illnesses and Addictions		x	x		x	
T51 Integrated Pacific and clinical interventions		x	x			x
T52 Health Coach						
T53 Individual treatment attendance		x	x		x	

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

T50 Support for parents with Mental Illness and Addictions					x	x
T51 Integrated Pacific and clinical interventions					x	x
T52 Health Coach						
T53 Individual treatment attendance					x	x

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

T50 Support for parents with Mental Illness and Addictions		x	x	x	x	x
T51 Integrated Pacific and clinical interventions		x	x	x	x	x
T52 Health Coach						
T53 Individual treatment attendance		x	x	x	x	x

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

T50 Support for parents with Mental Illness and Addictions						x
T51 Integrated Pacific and clinical interventions						x
T52 Health Coach						x
T53 Individual treatment attendance						x

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

T50 Support for parents with Mental Illness and Addictions	x	x	
T51 Integrated Pacific and clinical interventions	x	x	
T52 Health Coach			
T53 Individual treatment attendance	x	x	

5.11 File Naming Conventions

5.11.1 File Naming Conventions Data Elements

The data elements of the File Naming Conventions are listed below. Note that YYYYMMDD refers to the date the files were extracted.

File Naming Convention Data Details				
Data Element	**Type**	**Format**	**M/O/C**	**Coded**
Referral File Name	ID	RYYYYMMDD_Org_ID_Referral_ID.XML	N/A	-
Legal Status File Name	ID	LYYYYMMDD_Org_ID_Legal_Status_ID.XML	N/A	-
Team File Name	ID	TYYYYMMDD_Org_ID_Team_ID.XML	N/A	-
Zip File Name	ID	PEYYYYMMDD_Submitting_Org_ID_nnn.Zip	N/A	-

Note: Only Health NZ may submit Team Records.

5.11.2 File Naming Convention Code Set Elements

The data elements of the File Naming Convention that have coded values are listed below.

File Naming Convention Code Set Details		
Coded Data Element	**Range**	**Description**
None	N/A	N/A

5.11.3 File Naming Convention Business Rules

The following rules identify the requirements for the File Naming Convention for successful submission of a Referral, Legal Status or Team Record to PRIMHD. References in **bold** indicate the rules that will be applied to delete records.

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

5.11.4 File Naming Convention Processing, Error and Warning Messages

The following business rule responses apply to the File Naming Convention Information:

Important Notes:

Response messages are intended to provide clarity around conditions where business rules are not successfully met:

4. An 'Error' is fatal and the process cannot proceed until corrected.
5. A 'Warning' means unusual conditions encountered but are acceptable.
6. A message is expected for each instance of an encountered error or warning condition.

Response Message Reference	Error or Warning	Message Title	Response Message
RM-P112-01	Error	Error - Invalid Data	▪ The Submitting Organisation ID (or Organisation ID in the case of no Submitting Organisation ID) within the Referral does not match the Organisation ID specified in the filename of the zip file.
RM-P112-02	Error	Error - Invalid Data	▪ The Submitting Organisation ID (or Organisation ID in the case of no Submitting Organisation ID) within the Legal Status does not match the Organisation ID specified in the filename of the zip file.
RM-P112-04	Error	Error - Invalid Data	▪ The Organisation ID within the Referral does not match the Organisation ID specified in the filename of the xml file.
RM-P112-05	Error	Error - Invalid Data	▪ The Organisation ID within the Legal Status does not match the Organisation ID specified in the filename of the xml file.
RM-P112-06	Error	Error - Invalid Data	▪ The Organisation ID within the Team Details does not match the Organisation ID specified in the filename of the xml file.
RM-P112-07	Error	Error - Invalid Data	▪ The Referral ID within the file does not match the Referral ID specified in the filename of the xml file.
RM-P112-08	Error	Error - Invalid Data	▪ The Legal Status ID within the file does not match the Legal Status ID specified in the filename of the xml file.
RM-P112-09	Error	Error - Invalid Data	▪ The file type specified in the file name does not match the actual type of file.
RM-P112-10	Error	Error - Invalid Data	▪ Invalid document file name.
RM-P112-11	Error	Error - Invalid Data	▪ The file failed xsd validation. Error messages returned are: [Appropriate Response Messages will be listed here]
RM-P112-12	Error	Error - Invalid Data	▪ A Referral Discharge record with a more recent *Extracted Date* has already been processed.
RM-P112-13	Error	Error - Invalid Data	▪ A Legal Status record with a more recent *Extracted Date* has already been processed.
RM-P112-14	Error	Error - Invalid Data	▪ The date specified in the zip filename must be greater than or equal to the date specified in the xml filename.

APPENDICES

Appendix A – PRIMHD XML Schema File Definitions

The three PRIMHD XML schemata for REFERRAL_DISCHARGE, LEGAL_STATUS and TEAM_DETAILS form an integral part of the file specification and can be downloaded from the following web address: https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data/primhd-file-specification/

Appendix B – Identifier Validation(s)

NHI Number Validation

To establish if an NHI Number is valid or not, the provider should use the following validation routine below.

Validation Steps

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

Note 1: *No digit can be added to the end of DAB823 to create a valid NHI number*

Continued on next page…

NHI Number Validation (Continued)

Alpha Conversion Table

Use this table to determine the Alpha characters value within the NHI Validation Routine.

A	1	K	10	U	19
B	2	L	11	V	20
C	3	M	12	W	21
D	4	N	13	X	22
E	5	P	14	Y	23
F	6	Q	15	Z	24
G	7	R	16		
H	8	S	17		
J	9	T	18		

This validation routine allows health and disability support services to confirm the NHI is in the correct format and that it is a valid NHI number. Its main purpose is to identify mistyped NHI numbers.

The validation routine does not confirm that a health and disability support services has assigned the NHI number to a correct individual. Nor does it mean the NHI number has been registered, on the NHI. For example pre-allocated NHI numbers are not 'active' until they have been sent to the NHI in the registration transaction (NEWHCU).

Appendix D – Ethnicity Data Protocols

Prioritisation Algorithm for Ethnicity Codes

The following prioritisation algorithm lists the 2017 ethnicity codes and their priority values.

At least one ethnic group must be supplied for each healthcare user and a maximum of three ethnic groups will be stored on the PRIMHD Datamart. If more than three ethnic groups are identified by the healthcare user, then this prioritisation algorithm for ethnicity codes must be used to reduce the ethnic groups to a maximum of three.

Priority	Code	Ethnic Code Description
1	21	Māori
2	35	Tokelauan
3	36	Fijian
4	34	Niuean
5	33	Tongan
6	32	Cook Island Māori
7	31	Samoan
8	37	Other Pacific Peoples
9	30	Pacific Peoples not further defined
10	41	Southeast Asian
11	43	Indian
12	42	Chinese
13	44	Other Asian
14	40	Asian not further defined
15	52	Latin American/Hispanic
16	53	African (or cultural group of African origin)
17	51	Middle Eastern
18	61	Other Ethnicity
19	54	Other
20	12	Other European
21	10	European not further defined
22	11	NZ European/Pakeha
94	94	Don’t Know
95	95	Refused to Answer
97	97	Response Unidentifiable
99	99	Not stated

Appendix E – Definitions, Glossary and References

Definitions

For the purposes of this document the following terms, acronyms and abbreviations have the specific meaning as listed in the definition below.

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

Glossary

For the purposes of this document the following items have the specific meaning as listed in the descriptions below.

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