

# PRIMHD Data Process Standard

HISO 10023.1:2023

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**Te Whatu Ora**  
Health New Zealand

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## Working Group Representation

The following organisations contributed to the creation of this document:

- Taeaomanino Trust
- Northern DHB Support Agency
- Nelson-Marlborough District Health Board
- Southern District Health Board
- Te Menenga Pai Charitable Trust
- Midland Mental Health & Addictions Regional Network (HealthShare Ltd)
- Hutt Valley District Health Board
- Linkage Limited
- Progress to Health
- Pact Group
- Ministry of Health National Collections and Reporting
- Ministry of Health Mental Health Service Improvement

## Version Control

Reason for Change	Version	Date
Original published document	Version 2.1	June 2010
Updated to replace code 'valid to' dates of 30-06-2011 with 30-06-2015.	Version 2.2	October 2010
General update applied following HISO review of PRIMHD. Changes made are significant and pervasive. They reflect a generic refresh of dates, legislative references, the incorporation of changes to the PRIMHD process and the inclusion of additional record indicator code groupings – notably Supplementary Record Codes (the KPI Project) and Alcohol and Drug Outcome Measures (ADOM).	Version 3.0	June 2013
The Issue Date has been updated to remain in step with HISO 10023.2 PRIMHD Data Set Standard and HISO 10023.3 PRIMHD Code Set Standard	Version 3.1	July 2014
The Issue Date has been updated and renumbered to remain in step with HISO 10023.2:2015 PRIMHD Data Set Standard and HISO 10023.3:2015 PRIMHD Code Set Standard	2015	July 2015
Minor changes have been made to documents HISO 10023.2:2015 PRIMHD Data Set Standard and HISO 10023.3:2015 PRIMHD Code Set Standard. The Creative Commons license is updated to version 4.0. There are no other changes to this document	2015	January 2016
Changes made to this version of the PRIMHD Standard suite derive from the Substance Addiction (Compulsory Assessment and Treatment) Act 2017. Minor administrative updates are included.	2017	August 2017
Acknowledging Activity Type information is collected for Family/Whānau Involvement at an Activity (section 2.2.5)	2017	February 2021
Update of PRIMHD standard suite to reflect The Pae Ora (Healthy Futures) Act 2022 and the new Te Whatu Ora branding. Other minor administrative updates included.	2023	May 2023

# Related documents

This document is to be used in conjunction with:

- HISO 10023.2:2023 PRIMHD Data Set Standard
- HISO 10023.3:2023 PRIMHD Code Set Standard.

## New Zealand legislation

The following Acts of Parliament and Regulations have specific relevance to this standard.

- Children, Young Persons, and Their Families Act 1989
- Criminal Procedure (Mentally Impaired Persons) Act 2003
- Health Act 1956
- Health Information Privacy Code 2020
- Health Practitioners Competence Assurance Act, 2003
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Mental Health (Compulsory Assessment and Treatment) Act 1992
- Parole Act 2002
- Privacy Act 2020
- Substance Addiction (Compulsory Assessment and Treatment) Act 2017

# 1 Introduction

## 1.1 Background

The collection of information about utilisation of mental health and addictions services by tangata whaiora/consumers was first advanced by the Mental Health Information National Collection (MHINC - established in 1997) and first collected nationally in 2000.

In 2004, the Ministry of Health developed and disseminated the *Mental Health Information Strategy – Key Directions Discussion Document*. This resulted in an investigation into the benefits and risks of integrating the MHINC and Mental Health – Standard Measures of Assessment and Recovery (MH-SMART) collections<sup>1</sup>.

The investigation highlighted that the integration of the key data elements of MHINC and MH-SMART would best serve the strategic needs of mental health and addictions policy analysis and planning for New Zealand. This integration is the Programme for the Integration of Mental Health Data (PRIMHD).

PRIMHD was reviewed in late 2011 and a report published in February 2012 identifying changes and recommended updates. These were incorporated into the PRIMHD Standard.

The PRIMHD process Standard defines the minimally-required core data element information to support the integrated mental health and addiction services national collection. PRIMHD also provides:

1. consistent use of benchmarking, standards and key performance indicators, to underpin reporting, decision support and policy development
2. data about the value of mental health and addiction services to support workforce development activities, including cultural relevance, in order to enhance the mental health knowledge base, and to improve health outcomes for tangata whaiora/consumers.

PRIMHD information enables the sector to link outcomes with activities and provides a framework to assist those in the sector to use information that will guide and support decision making, leading to service enhancement.

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<sup>1</sup> *Integrated Mental Health Data Collection Business Case – Summary Report; "Feasibility study for determining whether MHINC and MH-SMART national collections should be integrated"*.

Further updates to PRIMHD have been incorporated to meet requirements arising from the Substance Addiction (Compulsory Assessment & Treatment) Act 2017 including repealing the Alcoholism and Drug Addiction Act 1966.

## 1.2 Principles

The principles for the PRIMHD Data Collection are as follows:

- a) integrate service provision and outcomes data into one national collection
- b) enable the addition of further service provision and outcome measures as required
- c) support views of data collection:
  - from a referral to the conclusion of that referral by a service provider or team within a service provider organisation
  - from the point of one outcome collection to the next outcome collection occasion or occasions
  - providing a longitudinal perspective of service provision for an individual
  - that apply to all mental health and addiction service providers.

## 1.3 Structure of the Standard

### 1.3.1 Documents

The PRIMHD standard comprises the following three documents:

- HISO 10023.1:2023 PRIMHD Data Process Standard
- HISO 10023.2:2023 PRIMHD Data Set Standard
- HISO 10023.3:2023 PRIMHD Code Set Standard

### 1.3.2 Supplementary Documentation

See also these associated technical documents<sup>2</sup>:

- PRIMHD File Specification
- PRIMHD Compliance Test Scripts
- PRIMHD Mapping Document

<sup>2</sup> See the PRIMHD website <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data>



### 1.3.3 Appendices

The terms 'normative' and 'informative' are used in standards to define the application of appendices. A 'normative' appendix forms an integral part of a standard, whereas an 'informative' appendix is only for information and guidance. Informative provisions do not form part of the mandatory requirements of the standard.

The appendices to this standard are:

Appendix A	Glossary	Normative
Appendix B	State Diagram Notation	Informative
Appendix C	Essential Data Relationships	Normative

## 1.4 Scope

The intent of this standard is to provide direction to mental health and addiction service providers and stakeholders to ensure that appropriate and timely information on service provision is collected at a national level, to enable relevant analysis and reporting. The standard outlines generic processes, while recognising that due to the different sizes, structures and services provided by mental health and addiction service providers in New Zealand, no one model will fit all.

These documents have been developed with significant input from a range of service providers. However, the broad nature of primary care service provision means this standard may not be suitable for all primary care situations.

This standard:

- a) applies to all mental health and addiction services
- b) defines the data requirements for the integrated mental health and addiction national collection.

### 1.4.1 In Scope

- a) data set development for the integrated collection
- b) code sets to be used to populate items where appropriate
- c) data process – to assist in the collection of mental health data
- d) a glossary of terms to be used in these standards, to ensure consistency of language used.

## 1.4.2 Out of Scope

The following items do not form part of this the PRIMHD Standard. Other references are provided above in section 1.3.2

- a) infrastructure and hardware items for the system
- b) technology application architecture, systems and networking in relation to PRIMHD data collection and MHIRS
- c) data security or privacy requirements and issues including personally identifiable data
- d) the physical requirements for integration of the Client Information Collection Database (CLIC) problem gambling register data elements into the PRIMHD structure
- e) contractual reporting requirement specification
- f) Purchase Unit Codes

## 1.5 Assumptions

Within the PRIMHD standard a number of assumptions concerning other systems, collections, data or processes are made. These assumptions are listed below, in no particular order. The standard will be reviewed at least every three years to ensure it remains relevant.

### 1.5.1 Further development

- a) Te Whatu Ora will continue to develop new and enhance existing information collection protocols for the PRIMHD collection

### 1.5.2 Data use

- a) it is a PRIMHD business requirement that service providers submitting data to PRIMHD will have access to that information from the national collection.

### 1.5.3 Relationship to other standards and systems

- a) data related to demography, ethnicity and domicile (including sufficient time-based data to allow the derivation of a tangata whaiora/consumer's history in all of these information areas), will be sourced from the NHI national collection
- b) HPI will be available to service providers
- c) where a healthcare provider is referenced in the data this will be through recording the healthcare provider's unique identifier (HPI Common Person Number (CPN))

- d) an HPI CPN will be allocated to every healthcare provider whose activity is covered by this standard
- e) where it is mandatory for the data supplier to provide a healthcare provider's CPN, the healthcare provider will have an HPI CPN

### **1.5.4 Use of the standard**

- a) the PRIMHD data sets, code sets and business processes apply to all mental health and addiction services service providers in the secondary and tertiary sectors
- b) the data and code sets provided by the standard for the national collection do not limit what local service providers may collect in the course of their service delivery or clinical practice
- c) activity records will be transactional in the PRIMHD collection
- d) Te Whatu Ora may make local arrangements for interrogating data from multiple service providers
- e) the data and code sets may have information not supplied by the service providers, eg team type codes

### **1.5.5 Infrastructure**

- a) infrastructure support is required to enable NGOs to participate effectively in the PRIMHD initiative.

## **1.6 Interpretation**

For the purpose of this standard, the words 'shall' and 'will' refer to the practices that are mandatory for compliance with this standard. The words 'should' and 'may' refer to practices that are advised or recommended.

# 2 Data Processes

## 2.1 Overview

For the purpose of this standard, data collection is divided into five parts, as follows:

1. referrals, exits/discharges and associated activities
2. collection occasions and related information
3. healthcare tangata whaiora/consumer
4. mental health and addiction service teams
5. healthcare worker, facilities and organisations.

The first two parts can be described by a sequence of states reflecting the main components of the core PRIMHD data model. Healthcare tangata whaiora/consumer data is represented through the use of the NHI. Mental health and addiction service team data is managed by Te Whatu Ora through an administrative process with providers. Healthcare worker, facilities and organisations are represented through the use of the HPI.

There exist a variety of different configurations of services and service delivery models for mental health and addiction tangata whaiora/consumers throughout the country. Despite this variability, a generic model can be created to outline the processes that trigger the collection of various data elements.

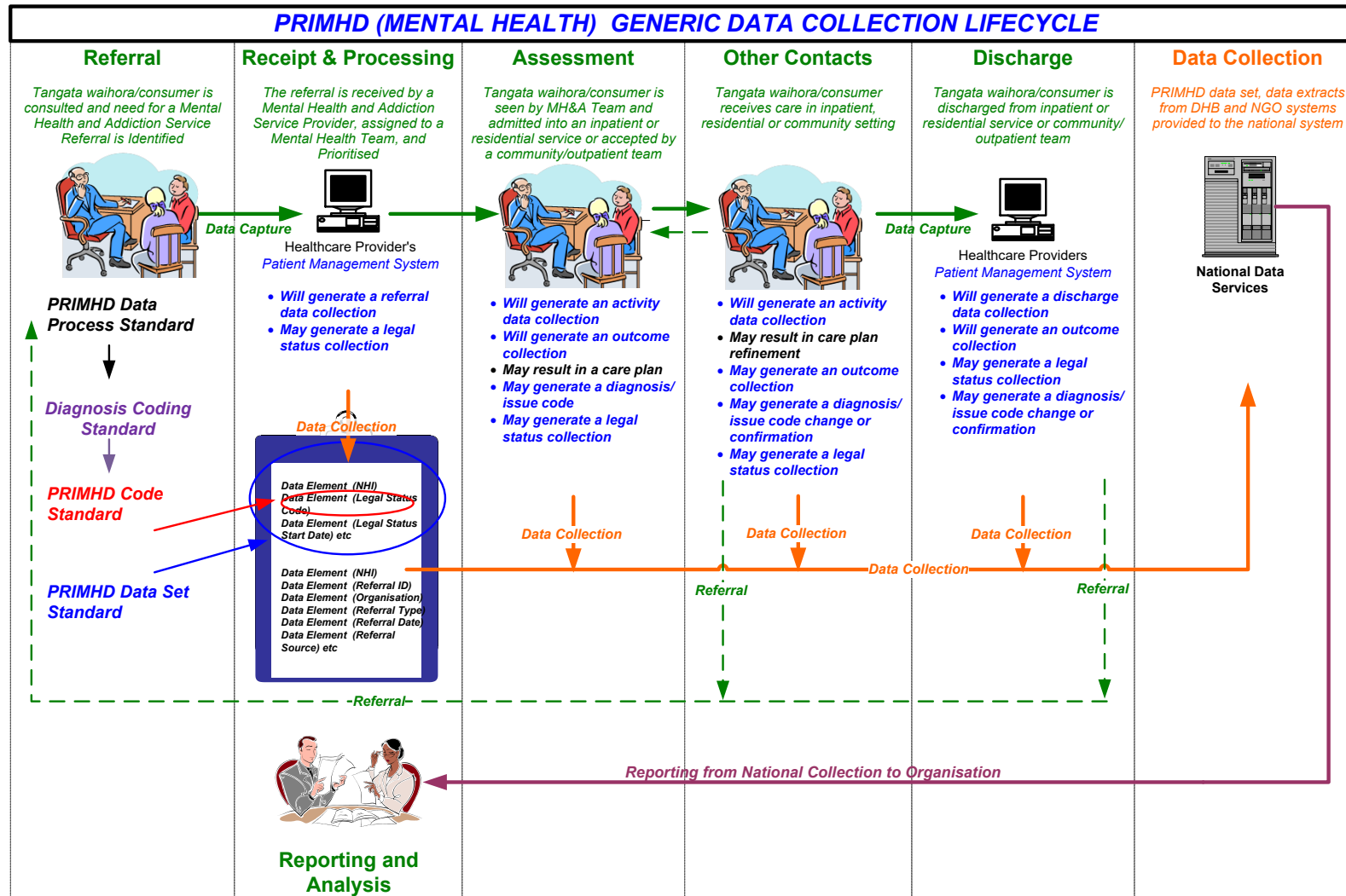
### 2.1.1 PRIMHD generic information lifecycle

The collection of data from a team/provider within the lifecycle and the application of the standard to this process, is illustrated in **Error! Reference source not found. Error! Reference source not found.**

This generic information lifecycle falls within an overall sequence of events and processes, commencing with a referral and ultimately terminating with a discharge. Data collection occurs at various stages throughout this lifecycle.

The generic lifecycle diagram seeks to indicate PRIMHD data collection points. Some data, notably legal status, may be collected at any point throughout the lifecycle.

# The Application of the Standard



**STANDARDS KEY:** Key Component Standards : Data (PRIMHD Code Set : PRIMHD Data Set) : Issue Coding : Process (Data Collection, Referral, National Collection/Organisational)

Figure 1 – PRIMHD generic data collection information lifecycle

Note: The reference to 'DHB' in the 'Data Collection' column of Figure 1 is outdated and should be read as 'Te Whatu Ora services'.

## 2.2 Referral to discharge

### 2.2.1 State diagram – content and conventions

A state diagram describes processes in terms of a starting point and an ending point, with a sequence of states and state transitions between each point.

A state is a concrete example of an object in the process. This might be, for example, a completed document, a finished set of data inputs in a computer system, or the treatment of a tangata whaiora/consumer by a clinician and the resulting information from the completion of that treatment.

A state transition is a process that causes a change from one state into the next state. There may be decision-points between states that create different transition pathways.

Within this Standard, referrals and exits/discharges are grouped into a structured data set generically termed a “Referral\_Discharge”. Transfers are viewed as a special case of a referral and are therefore not explicitly referenced.

The diagramming conventions and nomenclature for state diagrams presented in this Standard are those used in the Unified Modelling Language (UML). These are summarised in Appendix B State Diagram Notation.

### 2.2.2 Process flow

Figure 2 – High-level referral to Discharge state diagram indicates the process points at which data may usually be captured within the generic information lifecycle.

As per Figure 2, a referral passes through the tangata whaiora/consumer care/support event pathway and may exist in any of the states indicated. Any given referral may pass through only some of the states and transitions possible. The sequence occurs as outlined, though the timeframe over which this occurs may vary.

A referral, a discharge and the outline state transition processes as shown in Figure 2 may be described in general terms as follows. The Referral is:

- a) a request from a healthcare team or provider to another, for advice about – or treatment and/or support of – a tangata whaiora/consumer. Mental health and addiction services referrals can also be received directly from the tangata whaiora/consumer or the tangata whaiora/consumer’s family/whānau/significant other (self or relative referral), or via another agency.
- b) received by a mental health and addiction service team/provider and will progress through a lifecycle. The referral state changes from ‘received’, to ‘assigned’, to

'prioritised', before the tangata whaiora/consumer is admitted to an inpatient facility or an appointment time is 'booked' for the first assessment by the 'referred to' healthcare provider.

All referrals shall be registered, regardless of whether they are declined or not. This action prevents the loss of un-met demand information.

### **2.2.3 Process action**

Within a referral, a particular team will be allocated responsibility for the tangata whaiora/consumer. This team will be responsible for ensuring that:

- a comprehensive assessment has been completed, or
- assessment information is received, as well as an appropriate outcome measure where relevant, and
- an appropriate diagnosis is collected.

Outcome measurement and diagnosis will be discussed more fully in the following sections of this document. The responsible team may refer the tangata whaiora/consumer on to another internal or external team(s). This referral may take one of two forms - the responsible team may:

1. request service from another inpatient, residential or community team as part of the tangata whaiora/consumer's treatment and not transfer responsibility
2. transfer responsibility to the referred-to team.

Note: For this reason a new referral should be opened for each team that a tangata whaiora/consumer receives services from and each referral should be closed when the team is no longer providing services to a person.

In the second instance a discharge referral would take place and a new referral would be commenced.

Note: Where a tangata whaiora/consumer is discharged from the care/support of one service into the care/support of another service or other agency, a new referral will always be created if no open referral already exists.

The Standard recognises there are a variety of service configurations within the mental health and addiction sector. One tangata whaiora/consumer might have one referral if only one service was accessed or multiple referrals if multiple services were accessed.

### **2.2.4 Discharge**

A Discharge occurs at the termination of the overall referral process, with the departure of the tangata whaiora/consumer from the immediate knowledge of the team/provider.

Note: the tangata whaiora/consumer might not leave the care/support system entirely in the above case, but any subsequent referral to further care/support, or the further care/support itself, may be unknown to the team/provider in the current referral state life cycle. In this situation, a “lost to care” or similar discharge state is created. A Discharge is an explicit state in its own right within the process.

High-level state diagram

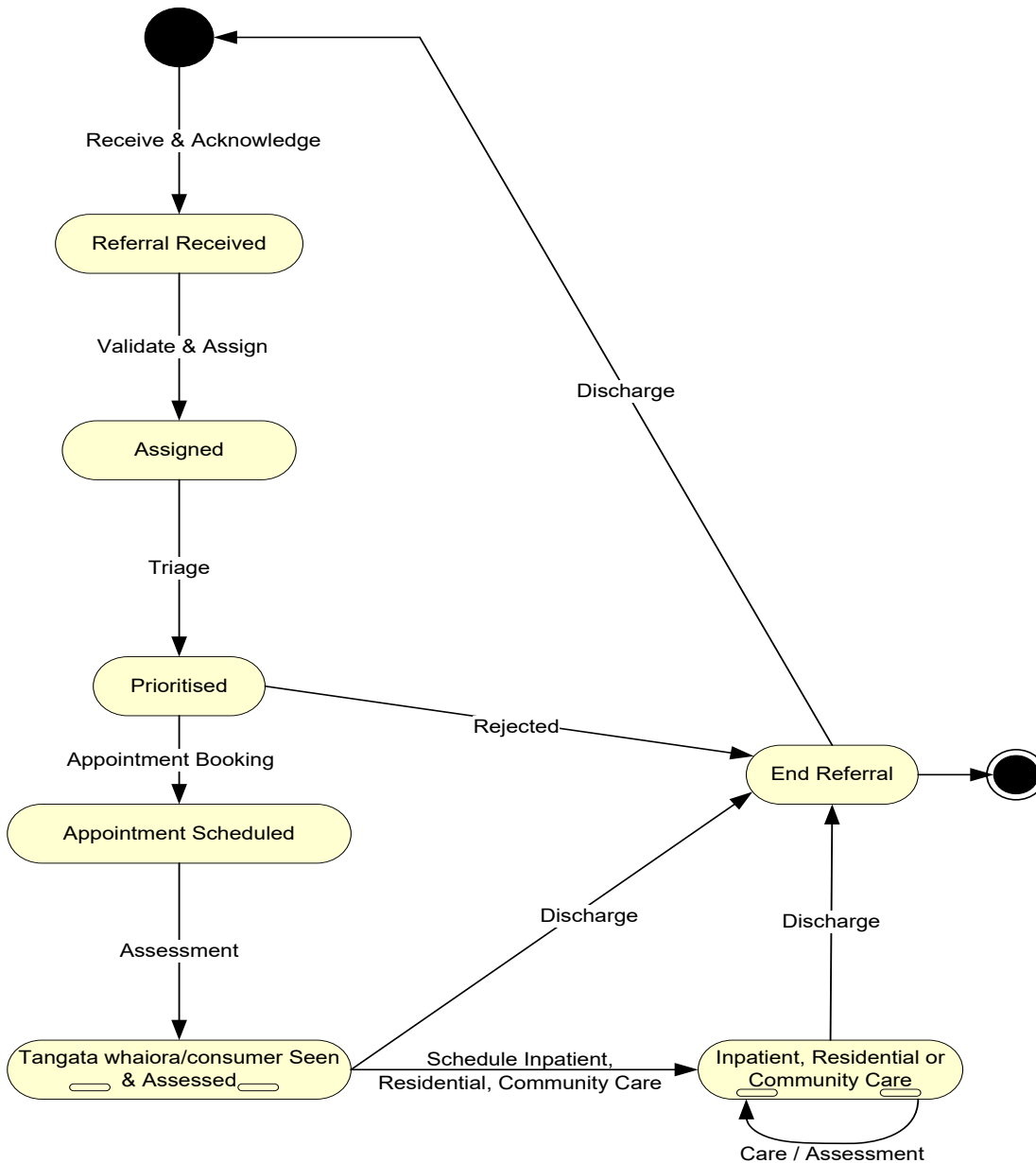


Figure 2 – High-level referral to Discharge state diagram



Table 1, below, summarises the states in Figure 2 – it outlines the information that is captured at each state and describes this information in general terms.

State Transition	Resultant Referral State	PRIMHD Information Collected
Referral recorded and acknowledged	Referral received	Referral_From_Code; Referral_Start_Date/Time
Validate and Assign	Assigned	Administrative step where applicable. Recorded locally only.
Triage	Prioritised	Activity
Rejected	End referral	Referral_To_Code, Referral_End_Code; Referral_End_Date/Time.
Appointment booking	Appointment scheduled	Administrative step where applicable. Recorded locally only. Excludes note writing
Assessment	Tangata whaiora/consumer seen and assessed	Activity, may involve collection of data for Classification, Collection_Occasion (and child table data).
Discharge	End Referral	Referral_End_Code, End_Date, End_Time.
Schedule inpatient, residential or community care	Inpatient, Residential or Community Care (Ongoing care/support )	Administrative step where applicable. Recorded locally only.
Care/Assessment	Inpatient, Residential or Community Care (Ongoing care/support )	Activity, may involve collection of data for Classification, Collection_Occasion (and child table data).
Discharge	End Referral	Referral_End_Code, End_Date, End_Time.

**Table 1 – Referral states and associated information transfer**

## 2.2.5 Activity

The PRIMHD standard describes all service provision to a tangata whaiora/consumer as an ‘Activity’. The intent of this description is to engender a more generic and future-

oriented view of the information elements that may be collected from a variety of service provisioning sources, rather than to limit the information collection to only a narrowly-defined set of services or service providers.

Activities include services delivered to a tangata whaiora/consumer once an interaction happens between the tangata whaiora/consumer and the service provider. A service may take a variety of forms such as, but not limited to: treatment and/or support provided by a mental health and addiction inpatient facility, or by a specialised mental health and addiction outpatient clinic either on healthcare sites or within the community, or by a residential facility. For example the service may be provided on a one-to-one basis, as part of a group session via telephone or audio-visual links. Activities can be provided by a variety of different teams, including teams that would normally operate in the community or outpatient setting, providing services to tangata whaiora/consumers within an inpatient or residential setting.

The activity information structure allows for data on particular types of treatment to be collected, although currently there is no intention within the sector to record details of treatments given to consumers.

If treatment is carried out on separate occasions, a separate record would be sent to the national collection for each occasion.

Activity information collected relates to:

- a) the type of service provided
- b) the mental health and addiction team and healthcare worker that provided the service
- c) the service setting
- d) Whether a family/whānau member was involved with the tangata whaiora/consumer at an activity
- e) the start and end date and time of the activity.

In inpatient and residential settings, duration is generally measured in bed nights. A bed night is a bed occupied at midnight. Activities set in outpatient clinics or within the community are generally measured in terms of contacts with the tangata whaiora/consumer.

The PRIMHD standard has one recording team code (from which the facility can be derived), and the type of communication (as an activity type).

The standard will collect data on 'Seclusion' and Electroconvulsive Therapy (ECT).

## 2.2.6 Classification

This section of the standard addresses data collected on the reason(s) for a person being a recipient of a mental health and addiction service. The standard recognises that there is a range of terminology used across service providers and healthcare providers to describe this, including terms such as “diagnosis”.

### 2.2.6.1 Diagnosis

Diagnosis is one term widely used to provide descriptions of presenting problems and/or conditions being experienced by a person. Diagnosis is utilised by way of formally defined, international classification systems and these are included in the PRIMHD standards for data set and code set. Diagnosis is frequently used by medically trained healthcare practitioners and may be referred to as clinical classification.

Due to the nature of mental health and addiction diagnoses, it is sometimes not possible to provide a definitive diagnosis at the initial assessment of the tangata whaiora/consumer. In these instances, a provisional diagnosis will be made. As treatment progresses, a principal diagnosis can be made. If, over a period of time, there is a change in the diagnosis of the tangata whaiora/consumer, a new diagnosis will be recorded. This may be within the same referral and in this case the new diagnosis will be recorded in the local system, with the diagnosis data ultimately being sent to the national collection as a new diagnosis record.

Note: A history of diagnoses will be maintained in the national collection.

All mental health and addiction tangata whaiora/consumers of Te Whatu Ora provider arm teams are to be assessed and a diagnosis documented within 91 days of the activity start date<sup>3</sup>, or by the activity end date (whichever of these time periods occurs first). Where NGOs are clinically determining diagnosis, they are responsible for providing details of that diagnosis.

## 2.2.7 Discharge

Discharge (sometimes referred to as an ‘exit’) occurs when the tangata whaiora/consumer ceases to use the services of the referred to healthcare provider/team. Discharge may also occur after a period of time during which no contact with the tangata whaiora/consumer has occurred within the service provider organisation. This ‘deemed’ discharge is usually denoted as “lost to care” or similar terminology. A further type of discharge event occurs upon the death of a tangata whaiora/consumer.

A discharge may include a referral to another team, or to the original referrer.

<sup>3</sup> Refer 2.4 Collection Occasion

## 2.3 Tangata whaiora/consumer

The PRIMHD standard approaches the recording of data relevant to individuals who are healthcare tangata whaiora/consumers in terms of non-replication of existing national collections or other relevant structures. Thus, this standard explicitly includes a record of a tangata whaiora/consumer's NHI. The PRIMHD standard makes the assumption that data related to demography, ethnicity and domicile (including sufficient time-based data to allow the derivation of a tangata whaiora/consumer's history in all of these information areas) will be derived from the NHI national collection. While still under development, refer to Appendix C, item b) for further comment on the application of specific Supplementary Indicators.

### 2.3.1 Legal status

Directors of Area Mental Health Services (DAMHS) are responsible for recording legal status under the appropriate section of any Act that may result in admission or treatment by the Health Service.

A tangata whaiora/consumer may come under more than one Act at any one particular time. Legal status may have commencement and finish dates recorded as either date/time or date. Where a time is noted by the DAMHS office, the time shall be recorded.

Changes to legal status are independent of the referral, being directly related to only the tangata whaiora/consumer. As noted in section 2.1.1 above, the legal status data for a tangata whaiora/consumer may be assigned and collected, or may change, at any point within the overall care/support process.

## 2.4 Collection occasion

In order to reflect a tangata whaiora/consumer's progression through one or more mental health and addiction services, it is important that there are measures in place to understand the tangata whaiora/consumer's circumstances at points in time and their corresponding diagnosis or level of wellness. If they are in the service for an extended period of time (greater than 91 days), then review measures are collected.

The collection of standard measures (outcomes) are determined by the Information Collection Protocol held by Te Pou and any collection times, methods and any other Outcome Issues should be sourced from there.

Information is collected relating to the nature and level of cultural support services provided to the tangata whaiora/consumer in the preceding period of care/support. This data will be collected by all mental health and addiction providers/teams as activities within the PRIMHD Data Set.

The Focus of Care (FOC) records information relating to the principal clinical intent of the care/support provided during the period of care/support preceding the collection occasion.

Outcome measures are collected at specified times during a tangata whaiora/consumer's contact with clinical services, including the option of *ad hoc* reviews. The status of the outcome measure may change between draft and completion.

Note: Only completed outcome measurements are required to be reported/transmitted to the Ministry of Health. As a result, only the finalised (completed) state is indicated in this standard, the draft state being irrelevant to it.

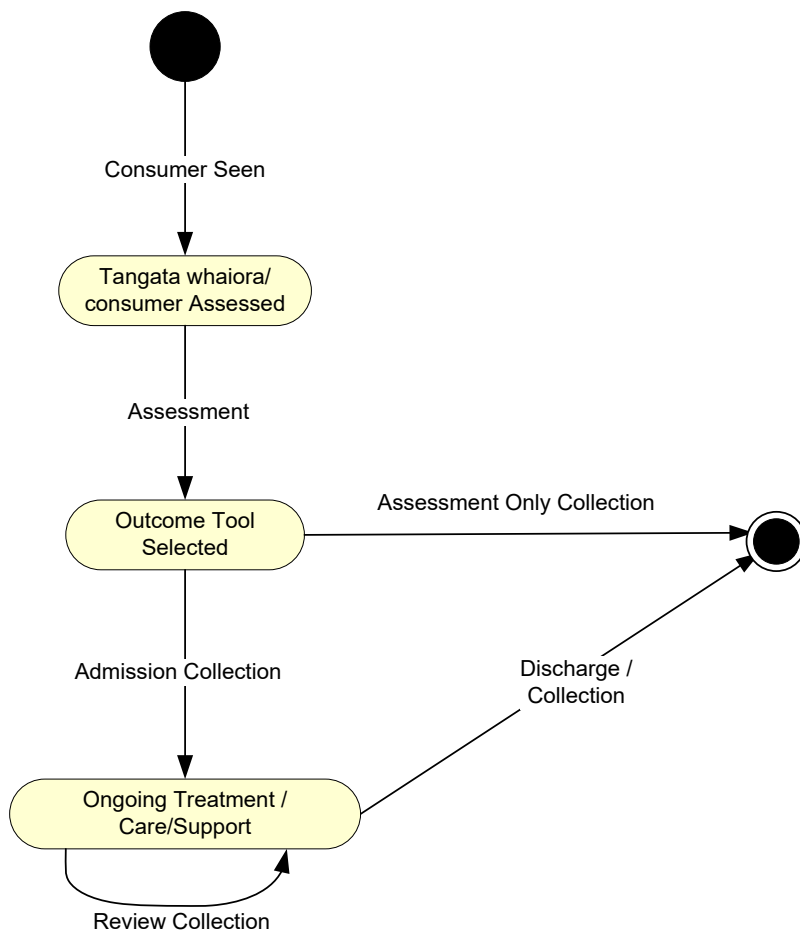
The collection of outcome measures is sequential ('Entry-Exit', 'Entry-Review-Exit', or 'Entry-Review-Review *etc*-Exit').

Note: Status reports and/or reminders should be available locally for auditing, compliance, data integrity and quality checks.

At present, outcome measurement tools in use are HoNOS, HoNOS65+, HoNOSCA and ADOM. The additional measures for learning disabilities (HoNOSLD), secure status (HoNOS Secure), infants (HoNOSI) and Alcohol and Drug Outcome Measures (ADOM) are available and mandatory if applicable.

Following referral and assessment, information is to be collected as required by the Te Pou Outcome Information Collection Protocol (OICP).

Figure 3, below, indicates the points at which information is collected on the condition of a tangata whaiora/consumer during the tangata whaiora/consumer's journey through the mental health and addiction services:



**Figure 3 – High-level collection occasion state diagram**

The table below summarises the states associated with the recording of collection occasions, outlines the information that is captured at each state.

State Transition	Resultant Referral State	PRIMHD Information Collected
Tangata whaiora/consumer seen	Tangata whaiora/consumer Assessed	
Assessment	Outcome Tool selected	Activity
Assessment Only collection	End Referral	Reason for collection, Collection_Occasion data, Outcome_Tool data, Outcome_Item data, Classification data, Activity data.
Admission collection	Ongoing treatment / care/support	Collection_Occasion data, Outcome_Tool data, Outcome_Item data, Activity data.

Review collection	Ongoing treatment / care/support	Collection_Occasion data, Outcome_Tool data, Outcome_Item data, Classification data, Activity data.
Discharge / Collection	End Referral	Collection_Occasion data, Outcome_Tool data, Outcome_Item data, Classification data, Activity data.

**Table 2 – Collection occasion states and associated information**

# 3 Business rules and implementation guidelines

To ensure that high quality data populates PRIMHD, it is imperative that all data submitted from organisations provides a complete and accurate picture of the passage through the mental health and addiction services taken by a tangata whaiora/consumer. The national system is not intended to be a clinical record for a particular tangata whaiora/consumer. It is, however, intended to inform local, regional and national decision makers on the volume and nature of the services and treatment provided and an indication of the change in well-being (outcome measures) of the tangata whaiora/consumer.

The following business rules have been drawn from the MHINC and MH-SMART business rules, along with recommendations from the MH-SMART and MHINC Integrated collection feasibility study. A comprehensive list of business and validation rules is published in the PRIMHD file specification document.

General Area	Business Requirement	Business Rule	Implementation Guideline
Information quality	To ensure that the information provided satisfies the mandatory and accuracy requirements, ie mandatory fields are populated and with valid values (where validity may be checked).  Coded fields contain valid values.	Basic validation:  (a) discharge date or referral date shall not be before DOB;  discharge date or referral date shall not be after today but may equal today;	System checks that mandatory fields are populated, where practical, with data that is valid.  Build in capability to enforce data quality, but this should not stop the process from continuing.



		<p>discharge date must be after or equal to referral date.</p> <p>NHI is entered in valid format.</p> <p>Message is not sent by sender if any mandatory field is null or data is invalid.</p> <p>Error message appears on the screen and sender has to enter information required, or fix errors before progressing.</p>	<p>Use check digit to ensure NHI is valid format.</p> <p>A message shall not be sent where the minimum/mandatory requirements are not met, or there are messaging errors.</p> <p>For coded fields, only valid values shall be reported.</p>
Unique identification	<p>There is a need to be able to uniquely identify each referral to a team/provider and for this referral ID to be present across all activity, issue/diagnosis, outcome measurement/collection and discharge that relate to the referral.</p> <p>The reasons are:</p> <ul style="list-style-type: none"> <li>(a) Linking of all related information;</li> <li>(b) To ensure not duplicating the same referral/discharge;</li> </ul>	<p>The original referral ID must be present in a referral document and in all related data.</p> <p>The referral ID must be uniquely identifiable within New Zealand.</p>	<p>The systems within an organisation should be able to link an internal reference number to all associated activity.</p> <p>A new referral should be opened for each team that a tangata whaiora/consumer receives services from and each referral should be closed when the team is no longer providing services to a tangata whaiora/consumer.</p>

	<p>(c) QA of process.</p> <p>There is a need to be able to track the progress of tangata whaiora/consumer, activity etc. against the original referral, through to any subsequent referral that might be generated from it.</p>		
NHI	<p>NHI numbers for all tangata whaiora/consumers will be recorded.</p> <p>Where tangata whaiora/consumers have multiple NHI numbers, one number is to be identified as the “master” and this number should be the number used.</p>	<p>NHIs provide a method of uniquely identifying tangata whaiora/consumers.</p> <p>At various stages, multiple NHIs may exist for the one person. When this becomes known, one NHI will become the “master” according to rules set by the Ministry of Health.</p>	<p>Systems need to allow for NHIs to be “merged” and ensure that there are “roll back” procedures in place. Once NHIs have been merged, the tangata whaiora/consumer’s master NHI number should be viewable to users of the system.</p>
Referral information	<p>There is a need to record referral information promptly and accurately within an organisation.</p> <p>A referral is the “start point” of a tangata whaiora/consumer receiving healthcare from a particular team.</p>	<p>Referrals must include information on the referral source, the referral date and the organisation and team that the tangata whaiora/consumer was referred to.</p> <p>All referrals are to be submitted, even if the referral is declined. This is to ensure that unmet need can be measured. Where a referral is</p>	<p>System validation should ensure that all referral information is complete and the information entered meets the required validity checks.</p>

		declined the Referral End Code would indicate why the referral was declined.	
Legal status	The legal status of a tangata whaiora/consumer needs to be known and understood by the team providing treatment.	A legal status record must be provided by the organisation that assigned that legal status to the tangata whaiora/consumer. When an organisation does not assign a tangata whaiora/consumer with a legal status no legal status record should be submitted.	System validation should ensure that all legal status is complete and the information entered meets the required validity checks.  Ideally system would incorporate messages to indicate the administrative and clinical requirements of the various acts.
Activity	In order for local, regional and national decision makers to make informed decisions regarding the provision of mental health and addiction services, there is a need for sound information on what is currently being provided.  If activity information is incomplete, and cannot be linked to clinical measures (diagnosis, treatment and outcomes), decisions makers will not be properly informed.	All activity provided to mental health and addiction tangata whaiora/consumers must be recorded and submitted to local and national systems.  All activity is to be linked to the referral identifier, to ensure that the information can be linked together correctly.	The systems within an organisation should be able to link all activity to a referral identifier.  The system shall allow start and end times to be recorded, as this will permit correct sequencing of activity and events.  All information entered relating to service and activity should be

			<p>validated at point of entry for correctness and completeness.</p> <p>Systems need to allow multiple activity records for tangata whaiora/consumers involved in day programme or group attendances.</p>
Classification	<p>In order to determine the need for provision of mental health and addiction services, it is important to understand the nature of conditions that are being treated.</p> <p>Over time, there will in all likelihood be a shift in the nature of conditions that are presenting in mental illness. By ensuring that there is a robust mechanism for describing mental health and addiction related issues, trends can be monitored and appropriate actions, in both prevention and treatment areas, taken.</p>	<p>All tangata whaiora/consumers of services from Te Whatu Ora mental health and addiction provider arm teams are to be assessed and an issue/diagnosis documented within 91 days of the activity start date, or by the service end date (whichever of these time periods occurs first). Where NGOs are clinically determining diagnosis, they are responsible for providing details of that diagnosis.</p>	<p>Discharge cannot be completed until diagnosis and/or issue is completed.</p> <p>Diagnosis must be a valid code and conform to coding standards (refer 10023.3:2023 PRIMHD Code Set Standard – section 2.5.1.3).</p>

<p>Collection of outcome measures</p>	<p>The sector has recognised a need to measure the effectiveness of service provision.</p> <p>In applying standard measures at the initial contact (entry), review (for enduring episodes) and on discharge, a picture can be obtained of change in the tangata whaiora/consumer's well-being.</p>	<p>Outcome measures will be recorded for the tangata whaiora/consumer.</p> <p>All outcome measures are to be linked to the referral identifier to ensure outcomes and activity information can be linked together correctly.</p>	<p>Outcome measures should be completed at entry/first contact, during reviews and prior to discharge, where a measure is available.</p> <p>System is to ensure that appropriate prompts and validation are in place, so that collection protocols are complied with.</p>
<p>Discharge</p>	<p>A referral_end record must be completed to end a referral.</p> <p>Reason for discharge (referral_end code) is recorded:</p> <ul style="list-style-type: none"> <li>• as part of Quality Assurance procedures, and</li> <li>• to reach an understanding of the nature of discharges.</li> </ul>	<p>Any referral that remains open with no activity for more than 91 days is to be reviewed.</p> <p>All referral end codes must be valid.</p> <p>A referral is deemed to be closed when a discharge reason and discharge date have been completed.</p> <p>The collection date is the reference date for all reports and statistical analyses of the data collected at any given collection occasion.</p>	<p>Reports must be available that highlight:</p> <ul style="list-style-type: none"> <li>• tangata whaiora/consumers with inactive referrals that are not discharged</li> <li>• any open referrals where the client is deceased.</li> </ul>

# Appendix A – Glossary

(Normative)

Term	Definition
Addiction	A generic term used to cover the two specific cases of Alcohol and Drug addiction. Note that Gambling is not part of the collection strategy operated through the PRIMHD system.
Admission/Admitted	In the case of mental health and addiction, this does not mean the admission of a tangata whaiora/consumer to a facility. It is where a tangata whaiora/consumer is accepted for treatment by a service, either by way of an inpatient admission, or with outpatient services.
ADOM	Alcohol and Drug Outcome Measure.
Bed Night	A “bed night” is a bed occupied at midnight.
CLIC	Problem Gambling Client Information Collection database.
Tangata Whaiora/Consumer	A person who accesses publicly funded healthcare. This person may be referred to elsewhere as a ‘Healthcare User’, ‘Client’ or ‘Patient’.
Contact	Contact is defined as an interaction (face-to-face or non face-to-face) between tangata whaiora/consumer and/or family/whānau with a healthcare organisation that will provide or is providing a service to the tangata whaiora/consumer, or contact between a healthcare organisation and other agencies. The contact is recorded/noted into the healthcare organisations record for that tangata whaiora/consumer and/or in the tangata whaiora/consumer’s personal health record. All significant contacts should be noted, where significant means, but is not limited to, interactions that advise, change or alter the support and/or care/treatment being provided to the tangata whaiora/consumer.
CPN	Common Person Number.
DAMHS	Director of Area Mental Health Services.
Data Element	An atomic piece of data, eg first name, last name etc.

Data Group	Group of data elements of related data, eg tangata whaiora/consumer identification, demographic data.
Data Set	Collection of data groups, used for specific purposes, eg referral data set, discharge data set.
Data Source	An organisation (usually) or authorised person that supplies data about a practitioner, healthcare provider, organisation or facility to the HPI.
Discharge / Exit	The relinquishing of tangata whaiora/consumer care/support in whole or in part by a healthcare provider or organisation. There are two common types of discharge: <ul style="list-style-type: none"> <li>a) Administrative and;</li> <li>b) Clinical.</li> </ul> 'Exit' may be referred to as 'Discharge'.
Exit Summary	A collection of information, reported by a provider or organisation, about events at the point of exit.
Facility	A single physical location from which health goods and/or services are provided.
Health tangata whaiora/consumer	A tangata whaiora/consumer is someone who has or is accessing a Mental Health and /or Addiction service. A person who accesses publicly funded healthcare. This person may be referred to elsewhere as a 'Healthcare User', 'Client' or 'Patient'.
Healthcare Practitioner Index (HPI)	A centrally managed system that is used to collect and distribute practitioner, healthcare provider, organisation and facility data. The HPI will facilitate the timely and secure exchange of health information, ensure the accurate and unique identification of practitioners, healthcare providers, organisations and facilities and offer operational support for health organisations that use that data and provide information of interest to the public. Data is supplied by authorised data sources and distributed to authorised recipients. The Ministry of Health is the HPI Administrator and Manager.
Health Practitioner (Practitioner)	A person who is, or is deemed to be, registered with an authority established or continued by section 114 of the HPCA Act 2003, as a practitioner of a particular health profession.
	A person not registered with a responsible authority who works within the health sector.

Healthcare Provider	A person or organisation that provides tangata whaiora/consumer health care services.
Healthcare User	A person who accesses publicly funded healthcare, this person may also be referred to as a 'tangata whaiora/consumer', 'Client' or 'Patient'.
HoNOS	Health of the Nation Outcome Scales.
HoNOS - LD	Health of the Nation Outcome Scales – Learning Disabilities.
HoNOS - Secure	Health of the Nation Outcome Scales for users of secure services.
HoNOS65+	Health of the Nation Outcome Scales (for those over 65 years).
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents.
HoNOSI	Health of the Nation Outcome Scales for Infants.
HPCA Act	Health Practitioners Competence Assurance Act 2003.
HPI Administrator	The Ministry of Health administrative staff who authorise and maintain data about organisations; and monitor the data quality and consistency in the HPI (this includes practitioner, healthcare provider, organisation, and facility uniqueness).
KPI Project	A Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services.
Mental Health vs Psychiatric descriptors	Mental Health in general refers to the provision of a service(s) and/or to the agency/place that a service(s) is delivered to tangata whaiora/consumer.  Psychiatric refers to a particular diagnosis (eg as per the DSM) or a specialist agency/place that a service is provided.
MHINC	Mental Health Information National Collection.
MH-SMART	Mental Health – Standard Measures of Assessment and Recovery.
National Health Index (NHI)	National Health Index is a centrally managed system that is used to collect and distribute data about Healthcare Users or Health tangata whaiora/Consumers. The NHI facilitates the timely and secure exchange of health information, ensure the accurate and unique identification of Health tangata whaiora/consumers and offer operational support for health organisations that use that data and provide information of interest to the public. Data is



	supplied by authorised data sources and distributed to authorised Health tangata whaiora/consumers. The Ministry of Health is the NHI Administrator and Manager.
NGO	Non Government Organisation.
OICP	Outcome Information Collection Protocol.
Organisation	An entity that provides services of interest to, or is involved in, the business of healthcare service provision. There may be a hierarchical (parent-child) relationship between organisations.
PAS	Patient Administration System.
Patient	A person who accesses publicly funded healthcare, this person may also be referred to as a tangata whaiora/consumer, healthcare user, recipient, or client.
Person	An individual person who can assume multiple roles over time. In the HPI, 'person' is synonymous with practitioner, healthcare provider, and user.
PHO	Primary Health Organisation.
Practising Certificate	A practising certificate issued by the relevant authority (Responsible Authority) under section 26(3) or section 29(4), or deemed to have been issued under section 191(2), of the Health Practitioners Competence Assurance Act 2003. This may be issued annually or for a shorter interim period.
PRIMHD	Programme for the Integration of Mental Health Data.
Privacy	The right of an individual to control access to and distribution of, information about themselves.
Referral	<p>Referral may take several forms, most notably:</p> <ul style="list-style-type: none"> <li>a) request for management of a problem or provision of a service, eg a request for an investigation, intervention or treatment;</li> <li>b) notification of a problem with the hope, expectation or imposition of its management, eg an exit summary in a setting, which imposes care/support responsibility on the tangata whaiora/consumer.</li> </ul> <p>The common factor in all referrals is a communication whose intent is the transfer of care/support, in part or in whole.</p>



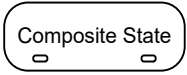
Referral Discharge	A referral occurring in the context of discharge and comprising a referral discharge record with a referral end date/time and a referral end code.
Referred To Healthcare Provider	The healthcare team/provider to which a tangata whaiora/consumer has been referred for advice or treatment by a referring healthcare provider. The 'Referred To Healthcare Provider' may be an individual or facility.
Referring Healthcare Provider	The healthcare team/provider that is referring the tangata whaiora/consumer for advice or treatment. The referring team/provider generally has primary care responsibilities for the tangata whaiora/consumer. Typically, the referring team/provider will be a General Practitioner, but may be a referred to healthcare team/provider (see Referring Specialist).
Referring Specialist	A 'Referred To Healthcare Provider' who is referring a tangata whaiora/consumer for advice or treatment, but not back into the care/support of the 'Referring Healthcare Provider'.
Relationship	The HPI will be able to record one or more relationships between practitioner, healthcare provider, organisation and facility records.
Service Provider	Any service that provides mental health and addiction services, including, but not limited to: NGOs; Te Whatu Ora Provider Arms; Primary Care Practitioner; PHOs; other community agencies.
Specialist	See 'Referred To Healthcare Provider' and 'Referring Healthcare Provider', above. In the context of referrals, clinical status reports and exit summaries, a specialist is an individual, not a facility.
Supplementary indicators	Supplementary indicators include consumer related indicators such as employment and housing status.
Tangata whaiora/consumer	A tangata whaiora/consumer is someone who has or is accessing a mental health and /or addiction service. A person who accesses publicly funded healthcare. This person may be referred to elsewhere as a 'Healthcare User'.
Team	A team consisting of a person or functionally discrete grouping of people providing mental health and addiction services within a service provider.


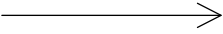

# Appendix B – State Diagram Notation

## (Informative)

The state diagrams shown in the PRIMHD standard documents derive diagramming conventions from the Unified Modelling Language (UML) 2.0. The diagram notation used is illustrated below.

The intent of this appendix is simply to promote the readability of the diagrams without requiring any depth of knowledge of the UML by a reviewer. The interpretations below therefore do not pretend to represent exactly the technical definitions of the relevant diagram component in the UM, but are considered sufficient for the purpose of reading this standard.

Diagram Notation	Notation Name	Interpretation
	Initial State	The initial state when the diagram process is entered, before any of the events that occur within the diagram have occurred to alter this initial state.
	Simple State	The point at which an object, used within the process represented by the diagram, satisfies a condition, performs an action, or waits for an event. A state is an image of an instant in the life of an object in the process.
	Composite State	<p>A composite state is a state that has been devolved into a finer granularity of states as a sub-diagram.</p> <p>Composite states can represent “concurrent state requirements” (can be interpreted in the sub-diagram as a “this state AND that state” situation) or as “mutually exclusive state requirements” (can be thought of as “this state OR that state”). In the PRIMHD standard, all composite states illustrated are of the “OR” type.</p>

	<b>Transition</b>	A transition is the process that acts upon one state to transform it into a subsequent state.
6. Assessment 	<b>Event Annotated Transition</b>	<p>The annotations shown on a transition are the event conditions.</p> <p>The event is shown as “{Event that occurs}” and indicates the process that is required to happen as a precursor to making a transition possible. Numbers are for identification only and do not indicate event order or sequence.</p>
	<b>Final State</b>	The final state is simply the resultant state at the termination of the current process shown in the diagram. It does not necessarily represent the end-state of the total process.

# Appendix C – Essential Data Relationships

## (Normative)

The essential data relationships on which the PRIMHD standards are based are as follows:

- a) legal status is related to a tangata whaiora/consumer rather than a provider or referral (a legal status can span a number of referrals from provider to provider)
- b) Supplementary indicators such as employment are related to a tangata whaiora/consumer rather than a provider or referral.
- c) involvement of any team (Te Whatu Ora community/inpatient, NGO community/residential) begins with a referral and ends with a referral closure.  
Note: It is desirable to identify all services provided following a single referral into Te Whatu Ora funded services (eg referral by a clinical team for Alcohol and Other Drug (AOD) treatment or community support.
- d) it is important to link diagnoses, activities and outcomes to referrals. Different teams may provide different activities, which are required for different diagnoses. To ensure activities and outcomes link to a particular referral and team, these must be linked to the classification. This will enable multiple different diagnoses to be managed at the same time by different teams;
- e) for the same reason, outcome measurement is linked to referral. This will allow different outcome measures to be collected by different teams for the same person (eg NGO measures, addiction measures, HoNOS, etc.)