

1 Introduction

This report presents the findings of an evaluation of the APMHC NMDS conducted by the AIHW. The evaluation was funded by the Australian Health Ministers' Advisory Council, through the NHIG and was conducted with the advice of the NMHWG ISC. It has been endorsed by the SIMC and supported by the NMHWG.

The aim of the evaluation was to assess the quality and utility of the NMDS to determine whether the data collection suits current requirements and to plan actions to improve data quality and comparability. The methodology used in the evaluations of the APC NMDS and the Perinatal NMDS has been used. The methodology incorporates a review of utility, based on consultations with data collectors and users; a review of compliance, that is, the extent to which data are collected and/or provided by states and territories in accordance with NMDS specifications as published in the *National Health Data Dictionary* (NHDD); and formulation of recommendations for future data development.

This report

This chapter describes the APMHC NMDS and outlines the purpose of the evaluation.

Chapter 2 describes the methodology that was developed and used as the basis for the evaluation.

Chapter 3 describes the results from the review of utility, a consultation process involving a survey of data collectors and users. Information is presented on the users and uses of the NMDS, the utility of the NMDS and individual data elements, that is, the extent to which they are perceived as important and useful, and possible areas for data development.

Chapter 4 describes the results of the compliance review, including information on the scope of the data provided by states and territories and the extent to which the data provided for each data element comply with NHDD definitions and domain values.

Chapter 5 presents comments on existing data elements obtained from both the utility and compliance evaluations. It also outlines suggestions for new data elements.

The appendixes include the survey used as the basis of the review of utility¹ and a list of survey respondents.

1 Explanatory notes accompanying the survey are available from the AIHW on request.

The National Minimum Data Set for Admitted Patient Mental Health Care

An NMDS is a core set of data elements agreed by the NHIG for mandatory collection and reporting at a national level. An NMDS is contingent upon a national agreement to collect uniform data and to supply it as part of a national collection. The NMDS standards make data collection activities more efficient, by reducing duplication of effort through the standardisation of core data items; more effective, by ensuring that information to be collected is relevant and appropriate to its purpose; and more comparable and consistent for reporting purposes.

An NMDS includes agreement on specified data elements (discrete items of information or variables) and supporting data element concepts as well as the scope of the application of those data elements and the statistical units for collection. Definitions of all data elements that are included in NMDS collections in the health sector are included in the NHDD.

The APMHC NMDS (referred to from here on as 'the NMDS') is a specification for data that are collected on all episodes of care for admitted patients in psychiatric hospitals or in designated psychiatric units of acute care hospitals.

Episodes of admitted patient care are the statistical units of the NMDS, with data being collected from hospital patient administrative and clinical record systems and forwarded to the relevant state or territory health authority on a regular basis. Data for each financial year ending 30 June are then provided to the AIHW and the Australian Government Department of Health and Ageing (DoHA) for national collation, on an annual basis.

The data elements in the NMDS are listed in Appendix 1.

The NMDS forms the basis for nationally comparable data, such as the AIHW's annual report *Mental Health Services in Australia* (AIHW 2004b, 2005). The NMDS forms a mental health-related subset of the AIHW's National Hospital Morbidity Database (NHMD), state and territory-based hospital morbidity data collections and DoHA's National Hospital Morbidity (Casemix) Database.

Purpose of this evaluation

The APMHC NMDS was endorsed by the then National Health Information Management Group in November 1996, for collection from July 1997 (as the 'Institutional Mental Health Care NMDS'). The NMDS has been amended and augmented since then, in response to a range of different requirements. There have been no attempts until now to assess the quality and utility of the NMDS-based data in a comprehensive manner. As considerable resources are used at the state and territory and national levels to collect the data, a comprehensive evaluation of the NMDS was considered necessary to determine whether the data collection suits current requirements and to plan actions to improve data quality and consistency.

This evaluation has built on other attempts to assess the quality and utility of admitted patient data. These include the Hospital Utilisation and Costs Study Review undertaken in 1996 (which incorporated some review of the APC NMDS), the National Health Information Management Group's compliance evaluation of the 1997-98 APC NMDS undertaken in 2000 and the evaluation of the APC NMDS conducted in relation to 2000-01 data and published as *Report on the Evaluation of the National Minimum Data Set for Admitted Patient Care* (AIHW 2003).

Relationship with the evaluation of the Admitted Patient Care NMDS

The evaluation of the APC NMDS was conducted in 2003. In response to the evaluation, the DoHA provided funds to the AIHW to further develop the APC NMDS.

It is important that no duplication of effort occurs between that evaluation, this evaluation and subsequent data development work, as there is a degree of overlap in scope and the data elements collected across both collections (see Appendix 1). The data development work that has been undertaken to date on the APC NMDS by the AIHW that is of relevance to the APMHC NMDS has informed recommendations made in the current evaluation.

Recommendations arising from this evaluation relevant to the current APC NMDS data development work program of the AIHW will be communicated to the AIHW for their data development work program planning.

The NHDD and METeOR

The NHDD is published by the AIHW on a regular basis and has also been incorporated into the AIHW's on-line metadata registry, the Knowledgebase. In May 2005, the Knowledgebase was replaced by METeOR. METeOR is Australia's central repository for health, community services and housing assistance metadata, or 'data about data'. It provides definitions for data for health and community services-related topics, and specifications for related NMDSs, such as the NMDSs which form the basis of this report. METeOR can be viewed on the AIHW website at <http://www.aihw.gov.au/>.

The metadata standards in the NHDD were re-engineered for inclusion in METeOR, to allow greater standardisation between NMDSs, for example. The re-engineering has resulted in a range of changes in the terms used to describe the components of the APMHC NMDS. For example, data element concepts are now termed 'Object classes'. In addition, data elements have been renamed. This report uses the previous forms and names, as they were in use at the time the evaluation was conducted. However, METeOR identifiers are included in the list of data elements in Appendix 1, to allow reference to the re-engineered NMDS components as required.

2 Methodology

As part of the evaluation of the APC NMDS, the AIHW, in consultation with the Australian Hospital Statistics Advisory Committee (AHSAC), developed a methodology for NMDS reviews which comprised:

1. a review of the utility of the components of the NMDS through a consultative process, that is, assessing whether the NMDS suits current requirements, including those for informing policy development and reporting on performance (evaluation of utility)
2. assessing whether the data have been provided by states and territories and the extent to which the data were provided in accordance with the NMDS specifications as published in the NHDD, that is, use of the NHDD definitions and domain values (compliance evaluation)
3. the development of comprehensive recommendations for future development.

This methodology has become a standard with which NMDSs have been evaluated. For more information on the evaluation of other NMDSs which used this methodology, refer to *Report on the Evaluation of the National Minimum Data Set for Admitted Patient Care* (AIHW 2003) and *Report on the Evaluation of the Perinatal National Minimum Data Set* (AIHW 2004d).

This methodology has been used in the standard form described above in this evaluation of the APMHC NMDS.

Evaluation of utility

In order for an NMDS to be effective, the information collected should be relevant and appropriate to its purpose. Therefore, the aim of evaluating the utility of the NMDS is to gain an understanding of whether the data collection suits current requirements such as informing policy development and reporting on performance. If the NMDS does not suit the requirements of data collectors and/or data users then data may not be collected in a consistent manner and may not be useable. If these stakeholders do not believe particular data elements are important and/or useful then the removal of these data elements from the NMDS could be considered. If a data element is considered highly important and highly useful, it should probably remain unchanged. However, if a data element is considered to be highly important, but not useful, it may be a function of the way it is defined, in which case it probably needs to be modified through data development.

A survey to evaluate the utility of the NMDS was developed in consultation with members of the ISC (see Appendix 2 for copy of survey). The evaluation survey sought the views of users of the NMDS, either as a tool for collection of data or as a specification of data for analysis, on its usefulness and whether it suits their current requirements. Specific questions were asked about the users and uses of the NMDS

specifications and NMDS-based data, including individual data elements and data element concepts; the utility of the NMDS as a whole and of individual data elements; and areas for development including modifications to data elements, new data elements or changes to scope. Additional comments and recommendations and any other input that could assist the evaluation were encouraged.

The survey sought comments on the *National Health Data Dictionary* version 12 supplement (AIHW 2004c), the version current at the time that the evaluation was conducted (in contrast to the data assessed in the compliance evaluation, based on the *National Health Data Dictionary* version 11 (AIHW 2002)). It was thought essential that user comments be based on data elements that were current, and therefore any proposed revisions or data development would not duplicate any recently completed changes.

Attached to the survey was information on the National Health Information Agreement processes for changing NMDS items. This was included so that respondents understood that changing the NMDS would not be a trivial exercise, and that, for example, business cases would be necessary for most proposed changes. Through this evaluation survey the AIHW aimed to gather comments from data collectors and users of the NMDS specifications and NMDS-based data, as well as other stakeholders.

A draft was sent to ISC members for comment in June 2004 and in late June 2004 the finalised survey was sent via email to:

- Information Strategy Committee (ISC) and its NMDS Sub-committee
- National Mental Health Working Group (NMHWG)
- Statistical Information Management Committee (SIMC)
- Health Data Standards Committee (HDSC)
- ISC's expert advisory groups for the National Outcomes and Casemix Collection (NOCC) (adult, child and adolescent, and older persons)
- Australian Mental Health Outcomes and Classification Network parties
- Australian Hospital Statistics Advisory Committee
- Clinical Casemix Committee of Australia
- National Centre for Classification in Health's Psychiatry Clinical Coding and Classification Group
- Measurement for Improvement Group of the Australian Council for Safety and Quality in Health Care
- state and territory admitted patient data custodians.

The evaluation survey was also advertised on the AIHW's website. People interested in participating in the survey could download the survey form online and return it to the AIHW with their comments. Survey respondents were requested to provide comments by 30 July 2004.

Compliance evaluation

The purpose of the compliance evaluation is to assess the quality and consistency of the data provided by states and territories. The NMDS is contingent upon a national agreement to collect uniform data and to supply them as part of the national collection. This means that data elements should be collected or at least reported using standard definitions and domain values, and reported for all separations within scope. However, there tends to be some variation in the way in which data are reported among the states and territories.

Through assessing the ability of states and territories to comply with the NMDS specifications (data definitions, domain values and scope), actions can be taken to improve the data quality and consistency (such as data element development) where necessary.

This evaluation uses a slightly modified version of the template developed for the evaluation of the APC NMDS in 2003.

The latest data available for this evaluation were for 2002–03 and were based on the specifications in the *National Health Data Dictionary* version 11 (AIHW 2002), whereas the data currently being collected in hospitals for 2004–05, and the data assessed in the survey of utility, are based on the most recent version, the *National Health Data Dictionary* version 12 supplement (AIHW 2004c). As the compliance evaluation is based on data provided by states and territories, assessments of compliance have been made according to the specifications in the *National Health Data Dictionary* version 11 (AIHW 2002).

The compliance evaluation was based on documentation provided with the 2002–03 data submitted by the states and territories to the AIHW, and communications between the AIHW and the jurisdictions during compilation of the 2002–03 NHMD and in association with preparation of this report and the *Mental Health Services in Australia 2002–03* report (AIHW 2005).

The compliance evaluation also involved assessing for each data element for 2002–03:

1. whether states and territories had provided it
2. the extent to which it was provided in accordance with the NMDS specifications as published in the *National Health Data Dictionary* version 11 (AIHW 2002), that is, whether the NHDD definition and domain values were used
3. whether it was reported for every separation (scope).

The overall scope of data provided by states and territories was also assessed, that is, whether data were provided for all public and private psychiatric hospitals and designated psychiatric units of acute care hospitals.

Recommendations for data development

The results of the evaluation of utility and compliance evaluation have highlighted priorities for future development of the NMDS and form the basis for the recommendations to the SIMC presented in this report. Recommendations have been

made in consultation with ISC, and with the advice of members of the Australian Hospital Statistics Advisory Committee.

Where recommendations involve the inclusion of new data elements or the revision of current data elements, the AIHW, in consultation with ISC and other stakeholders, will consider them within data development work program planning and, as appropriate, work towards developing submissions including detailed background information to be considered by the HDSC, SIMC and the NHIG.

3 Evaluation of utility

This chapter describes the results from the review of utility, a consultation process involving a survey of data collectors and users. Information is presented on the users and uses of the NMDS, the utility of the NMDS and individual data elements, that is, the extent to which they are perceived as important and useful, and possible areas for data development. Comments provided by respondents on individual data elements are included in Chapter 5 of this report.

Respondents

A total of 16 responses to the survey were received (Appendix 3). In order that the results of the survey could be interpreted effectively, respondents were asked to indicate whether they were responding for themselves, on behalf of their unit or section within an organisation or on behalf of their organisation as a whole. The majority of respondents were responding on behalf of their unit or section within an organisation (Table 3.1). Some individuals responded for themselves and their unit/section or organisation.

Table 3.1: Respondent types

Respondent	Number
On behalf of themselves	5
On behalf of their unit or section within an organisation	11
On behalf of their organisation	4
Total^(a)	16

(a) Some individuals responded for themselves and their unit/section and/or organisation.

In order to gain an understanding of the types of organisations that use the NMDS specifications and NMDS-based data, respondents were asked to indicate from a list of 15 user groups (or identify additional user groups) the main user group to which they belonged. A list of the user groups is presented in Question 1.1 of the survey (Appendix 2).

The main user groups identified through the survey were the state and territory health authorities which collect and provide the NMDS data. All state and territory health authorities provided responses to the survey and were able to provide comments from a data collection/provider perspective.

Other user groups identified through the survey were the AIHW, DoHA, public and private hospitals, and medical centres.

Uses of the NMDS specifications and NMDS-based data

The survey sought information from respondents about the way the NMDS specifications and NMDS-based data are currently being used. Respondents were asked questions relating to the purposes for which they use the NMDS specifications or NMDS-based data, how they access NMDS specifications and NMDS-based data, their overall knowledge of the NMDS specifications and NMDS-based data, and their frequency of use.

Purpose

In order to gain an understanding of the way the NMDS specifications and NMDS-based data are being used, respondents were asked to indicate from a list of 11 purposes (or identify additional purposes) the three most common purposes for which they use the NMDS specifications and/or NMDS-based data. A list of common uses for the NMDS specifications and/or NMDS-based data is presented in Question 2.1 of the survey (Appendix 2).

The four most common purposes for using the NMDS specifications and/or the NMDS-based data identified by respondents were:

1. collection and reporting of NMDS-based data
2. statistical reporting
3. planning and monitoring hospital resources
4. comparisons and benchmarking.

Other purposes for which the NMDS specifications and NMDS-based data were being used were:

- epidemiological research
- management and purchasing of hospital services
- facility planning
- software development
- health services research.

The purposes identified by respondents tended to vary depending on their user group (Table 3.2).

Level

Respondents from DoHA and AIHW were the main users of national level data, with DoHA using the data for international comparisons as well as using the data at the national level. The state and territory health authorities, who were the majority of respondents, most commonly used the data at the state and territory level. Several users from individual hospitals indicated they used the data for their hospital or hospital group.

Access to NMDS specifications

The most common source used by respondents to access the NMDS specifications overall was the *National Health Data Dictionary*, followed by the *National Health Data Dictionary* online and the Knowledgebase. State and territory health authorities also identified state and territory data specifications as a common source for accessing the NMDS specifications. One respondent indicated that they used the data request document that the AIHW sends each year to data custodians for the NMDS-based data.

Source of NMDS-based data

The most common sources of NMDS-based data that respondents used were the *Mental Health Services in Australia* publication and Internet tables and state or territory hospital databases. Other common sources were the *Australian Hospital Statistics* publication and Internet tables, hospital databases and other AIHW publications.

AIHW's NHMD and DoHA's National Hospital Morbidity (Casemix) Database were also used.

Table 3.2: Purposes for which the NMDS specifications and NMDS-based data are being used, by user group

User group	Plan/ monitor hospital resources	Compare/ benchmark	Manage/ purchase hospital services	Health services research	Epidemiological research	Statistical reporting	Facility planning	Planning by private industry suppliers	Collect/ report NMDS- based data	Casemix & classification development	Software development
State or territory health authority	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
Australian Government Department of Health and Ageing		✓				✓					
Australian Institute of Health and Welfare				✓	✓	✓			✓		
Public or private hospital	✓	✓	✓	✓	✓	✓				✓	
Medical centre	✓			✓	✓						

Knowledge and frequency of use

Most respondents indicated that they were either familiar or very familiar with the NMDS specifications and/or the NMDS-based data (Table 3.3).

Table 3.3: Respondents' rating of overall knowledge of the NMDS specifications and NMDS-based data

Knowledge	NMDS specifications	NMDS-based data
Very familiar	7	6
Familiar	8	7
Unfamiliar	0	3
Not answered	1	0
Total	16	16

Over one-third of respondents indicated that the NMDS specifications and NMDS-based data were used on a monthly basis, and a similar proportion used them occasionally (Table 3.4).

Table 3.4: Respondents' rating of their frequency of use of the NMDS specifications and NMDS-based data

Frequency	NMDS specifications	NMDS-based data
Daily	0	1
Weekly	2	2
Monthly	6	6
Occasionally	8	6
Never	0	1
Total	16	16

Utility of the NMDS

The main purpose of the survey was to gain an understanding of whether the NMDS is useful and whether it suits the current requirements of users. In order to assess the utility of the NMDS, respondents were asked to rate the importance and usefulness of the NMDS overall and each individual data element, and to indicate which data elements should remain unchanged, which should be modified and which deleted.

When assessing importance, respondents were asked to think of how significant they believe the NMDS and each data element are to a national collection of data on admitted patient mental health care. When assessing usefulness, respondents were asked to keep in mind whether the NMDS and each data element suit their current requirements. Importance could be rated as 'Not important', 'Important', 'Highly

important' or 'Unsure' and usefulness could be rated as 'Not useful', 'Useful', 'Highly useful' or 'Unsure'.

If all respondents think a data element is 'Highly important' and 'Highly useful', it should probably remain unchanged. However, if respondents indicate that a data element is 'Highly important', but 'Not useful', it may be a function of the way it is defined, in which case it probably needs to be modified.

Table 3.5 provides respondents' ratings of the importance and usefulness of the NMDS and individual data elements and concepts. Not all respondents provided a rating for every data element, so the frequencies will not add to the total number of respondents (16) for every data element.

Sixty-three per cent of respondents rated the NMDS as highly important and 44% rated it as highly useful. The NMDS was seen as important as it formed the basis for the collection of patient-level data on admitted patient mental health services. The NMDS was seen as useful for:

- informing policy and service planning
- planning and reviewing clinical treatment
- monitoring and planning mental health activity in hospitals
- evaluating hospital-based psychiatric service units
- identifying service gaps and monitoring performance
- enabling comparisons between jurisdictions to be undertaken at the higher level
- providing a national perspective on mental health policy issues.

Table 3.5: Respondents' rating of the importance and usefulness of the NMDS and individual data elements and data element concepts

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
NMDS for Admitted Patient Mental Health Care	1	3	10	2	1	6	7	2
Establishment data elements								
Establishment identifier	0	6	9	1	0	6	9	1
Establishment number	2	5	8	1	1	6	8	1
Establishment sector	0	7	7	2	2	6	6	2
Region code	1	7	5	3	2	5	5	4
State identifier	1	4	7	4	1	4	7	4
Demographic data elements								
Area of usual residence	0	1	14	1	0	3	12	1
Country of birth	0	7	7	2	2	8	4	2
Date of birth	0	1	13	2	0	4	10	2
Employment status—acute hospital and private psychiatric hospital admissions	4	5	4	3	5	3	2	6
Employment status—public psychiatric hospital admissions	2	5	3	5	5	3	1	6
Indigenous status	0	2	12	2	0	5	9	2
Marital status	5	7	1	3	6	5	2	3
Sex	1	2	12	1	0	3	12	1
Type of accommodation	2	6	5	3	3	6	3	4
Type of usual accommodation	4	5	4	3	4	4	3	5
Length of stay data elements								
Admission date	0	2	12	2	0	3	11	2
Separation date	0	3	12	1	0	3	12	1
Total leave days	0	5	9	2	0	4	9	3
Total psychiatric care days	0	1	12	3	0	1	12	3
Clinical data elements								
Additional diagnosis	0	0	15	1	0	1	14	1
Care type	1	5	9	1	2	5	7	2
Diagnosis related group	1	3	10	2	2	2	10	2
Major diagnostic category	0	6	9	1	0	6	8	2
Previous specialised treatment	3	2	5	6	2	2	6	6
Principal diagnosis	0	1	14	1	0	2	13	1

(continued)

Table 3.5 (continued): Respondent's rating of the importance and usefulness of the NMDS and individual data elements and data element concepts

Data element	Importance				Usefulness			
	Not important	Important	Highly important	Unsure	Not useful	Useful	Highly useful	Unsure
Administrative data elements	0	0	0	0	0	0	0	1
Mental health legal status	1	3	11	1	2	3	10	1
Mode of separation	0	10	5	1	0	10	4	2
Person identifier	3	2	10	1	3	4	7	2
Referral to further care (psychiatric patients)	1	4	8	3	1	4	6	5
Source of referral to public psychiatric hospital	1	5	5	4	1	6	4	4
Data element concepts								
Acute care episode for admitted patient	2	4	8	2	3	5	5	3
Admission	1	3	9	3	1	3	8	4
Admitted patient	1	2	11	2	1	3	9	3
Diagnosis	0	2	10	4	0	3	9	4
Episode of care	0	2	10	4	0	2	10	4
Hospital	0	4	8	4	0	4	7	5
Patient	0	3	9	4	0	4	8	4
Separation	0	3	10	3	0	2	11	3

Future data development

Respondents were asked their views on possible areas for development of the NMDS, including possible changes to the scope, or any other priorities for development of definitions. The views of respondents (other than detailed comments on individual data element and data element concepts) are summarised in this section. Chapter 5 presents comments on individual data elements and data element concepts from this utility evaluation and the compliance evaluation.

Scope

The scope of the NMDS for Admitted Patient Mental Health Care as published in the *National Health Data Dictionary* is:

Admitted patients receiving care in psychiatric hospitals or in designated psychiatric units in acute hospitals.

The scope does not currently include patients who may be receiving treatment for psychiatric conditions in acute hospitals and who are not in psychiatric units (for example, children receiving psychiatric treatment in paediatric wards).

There were some comments that a better way to scope the NMDS would be by mental health-related diagnosis, to ensure data on patients receiving psychiatric treatment in acute hospitals and not in psychiatric units are included. Due to the difficulties identifying these patients at the time of admission, it is suggested that the scope is not changed in this way. Data that allow analysis on this basis are available through the APC NMDS, as reported in the *Mental Health Services in Australia* reports. It was also suggested that the description of the scope should not reference 'public psychiatric hospitals' because some provide admitted patient services other than with specialised mental health care.

Renaming of the NMDS

As the scope of the NMDS encompasses only separations with specialised psychiatric care and not all admitted patient mental health care, it is suggested that the name of the NMDS be changed to clarify this, by including specialised care in the title. For example, the NMDS could be renamed the 'Admitted Patient Specialised Mental Health Care NMDS'.

Existence of the NMDS as separate from the Admitted Patient Care NMDS

The overlapping content of the APC NMDS and the APMHC NMDS could be a source of confusion and uncertainty in governance arrangements.

Two respondents suggested combining the APMHC NMDS with the APC NMDS, with clearly stated rules about when additional data elements are required for the APMHC NMDS.

It is suggested that consideration is given to combining the APMHC NMDS with the APC NMDS. The additional data elements required for the APMHC NMDS could be specified as an add-on to the APC NMDS. This would mean that the APMHC NMDS would consist of 11 data elements:

- Employment status – acute hospital and private psychiatric hospital admissions
- Employment status – public psychiatric hospital admissions
- Establishment identifier
- Marital status
- Previous specialised treatment
- Referral to further care (psychiatric patients)
- Region code
- Source of referral to public psychiatric hospital
- Total psychiatric care days
- Type of accommodation
- Type of usual accommodation.

Source of referral to public psychiatric hospital would be regarded as only part of the APMHC NMDS if the scope of the NMDS were clarified as noted above.

The same approach could also be considered for the Admitted Patient Palliative Care NMDS.

Data elements specific for public psychiatric hospitals

New South Wales commented that due to the nature of their data input systems they cannot apply one classification/ data element to public psychiatric hospitals and another to public acute care hospitals as the same patient administration system is used in both types of hospital. However, this is more an implementation issue rather than an issue of the utility of the NMDS.

In general, the data needs relating to public psychiatric hospitals are not that different, within the context of the NMDS, from data needs relating to acute care hospitals. This is reflected in a number of recommendations made in relation to data elements in the NMDS that have been specified for either public psychiatric hospitals or acute care hospitals only.

Other issues raised by respondents

National Outcomes and Casemix Collection

Several respondents indicated the key challenge to the NMDS in the future is the incorporation of the data elements and consumer outcomes measurement instruments included in the NOCC. This will be complex and require ongoing negotiation with state and territory data custodians.

Respondents also commented on the importance of the NOCC and admitted patient mental health care databases being able to be linked for analysis purposes. This could be achieved by matching *Person identifiers* across the collections. The extent to which *Person identifiers* match across the NOCC Database, the APMHC Database, the National Community Mental Health Care Database and the Residential Mental Health Care Database requires investigation. This work, and work towards integrating the data elements and consumer outcomes measurement instruments from the NOCC into the APMHC, should be undertaken in line with the recommendations in the *National Mental Health Information Priorities 2nd Edition* (DoHA forthcoming).

Missing patient-derived data

Information on patient-derived data, such as demographic and socioeconomic data, may be not reported at the national level. Several respondents in the survey of utility commented that patients who are admitted to hospital with mental health problems may not be in a position to respond to requests for information at the time of admission to hospital. It is therefore important that any information required from

these patients is requested at an appropriate time. An appropriate time would generally be after the patient had received treatment rather than on admission. Data may also not be available because patients were not asked to provide the relevant information.

Further consideration should be given to collecting more detailed information on 'not reported' data at the national level in order to improve the interpretability of data in the APMHC NMDS.

Procedure classification for mental health

Comments from the survey of utility noted that the ICD-10-AM procedure classification in its current form is of limited usefulness for admitted patient mental health care. It was stated that little attention has been given to develop an alternative set of procedure codes that are appropriate. The *National Mental Health Information Priorities 2nd edition* recommended the development of national agreed mental health intervention codes.

It was recommended that the issue of intervention codes for mental health should be referred to the ISC to be dealt with through the process for implementation of recommendations from the *National Mental Health Information Priorities 2nd edition*.

Priorities in data development

Two respondents indicated that it is more important to develop community mental health collections at this time (for example, getting national agreement on the definition of occasions of service across states and territories).

Burden of collection of new data elements

Several respondents expressed concern regarding the burden on data collectors of implementation and collection of any new data elements arising from this evaluation. It was recommended that existing data elements in the NHDD be used for any new data elements where possible.

Training and feedback to clinicians

Respondents noted that clinicians and clinical managers need to receive continual training on the NMDSs to ensure they understand the relevance and usefulness to them of the data collected. Also, they should receive feedback they find relevant (for example, diagnostic and age information, length of stay). This would improve the accuracy of information provided and also improve the management of services.

Linkage of information systems to assist continuity of care

Clinicians identified the need for systems to link information on services provided by other hospitals and community-based health services to assist in planning and continuity of care.

Persons who should be consulted for future data development

Respondents identified a wide range of stakeholders who should be consulted in relation to data development; however, it was seen as essential to consult with those who are involved in the collection of the data.

Stakeholders identified by respondents included:

- hospitals and health care providers who collect the data. This includes, but is not limited to, clinical staff, coding staff, data entry operators, system developers and information system administrators
- state and territory health authorities, including data providers
- expert data users
- consumer and carer representatives.

More specific organisations and committees identified included:

- DoHA
- Royal Australian and New Zealand College of Psychiatrists
- Royal College of Nursing, Australia
- NMHWG ISC expert advisory groups for the NOCC (child and adolescent, adult, older persons).

It was suggested that clinical advice is critical to many of the areas mentioned for review.