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| BulletinCMI/ODS Release v6.2 Business Rules |
| Information, Analysis and Reporting unit |

Issue 19: March 2015

Contents

[Purpose of Bulletin 1](#_Toc415121600)

[CMI/ODS Release 6.2 Changes 1](#_Toc415121601)

[Assessment Order Made and Received Date-Time 2](#_Toc415121602)

[Compulsory Order Transfer Function 3](#_Toc415121603)

[Compulsory Notification Contact Details 3](#_Toc415121604)

[Electroconvulsive Therapy 3](#_Toc415121605)

[Victorian Civil and Administrative Tribunal Health Care Professional 5](#_Toc415121606)

[New Data Entry Validations 6](#_Toc415121607)

Attention Health Information Managers and CMI Coordinators:

The next release of the CMI/ODS (v6.2) will occur on 26 March 2015. The release delivers a range of minor defect fixes, changes to the capture of Assessment Order data, additional functionality based on service feedback and a new module to record Electroconvulsive Therapy (ECT).

## Purpose of Bulletin

This Bulletin summarises the changes to be implemented on 26 March 2015 and provides clarification regarding new or amended business rules. Please note, this Bulletin is not intended to provide a comprehensive overview of the new functions in CMI/ODS v6.2. Further detailed information regarding the new functions and screens can be found in the CMI/ODS v 6.2 User Guide and Release Notes which was released on 17 March 2015.

## CMI/ODS Release 6.2 Changes

March 2015 changes

The following changes to the CMI/ODS will occur on 26 March 2015:

* Changes to Assessment Order Made and Received Date-Time
* New Compulsory Order Transfer Function
* Changes to Compulsory Notification Contacts
* Addition of Victorian Civil and Administrative Tribunal HCP
* Changes to Treatment Order Review Task
* Additional validations

## Assessment Order Made and Received Date-Time

The initial update to the CMI/ODS back in July 2014 to meet the new compulsory orders requirements under the *Mental Health Act 2014* only included a single date-time field to capture the Start Date for compulsory orders. This was problematic for Assessment Orders with an Inpatient category which effectively have two start date-time requirements; one for when the Assessment Order was ‘Made’ and a second for when the client was ‘Received’ at a Designated Mental Health Service. Release v6.2 will incorporate both an Order Made Date-Time and Order Received Date-Time to address this issue.

### Assessment Order - Community

When a client is placed on an Assessment Order with a Community category, only the Order Made Date-Time needs to be completed. Under these circumstances the Order duration will default to 24 hours.

### Assessment Order - Inpatient

When a client is placed on an Assessment Order with an Inpatient category, the Order Made Date-Time must be populated initially before the Received Date-Time can be entered.

When a client is placed on Assessment Order with an Inpatient category within a Designated Mental Health Service both the Order Made and Received Date-Times should be identical. Under these circumstances the Order duration will default to 24 hours.

However, if a client was placed on Assessment Order with an Inpatient category outside a Designated Mental Health Service (for example a GP clinic) the Order Made Date-Time must reflect the date and time that the Order was made. At this point the Order duration will default to 72 hours which reflects the period of time that the client has to be Received by a Designated Mental Health Service. The Received Date-Time can then be used to record the date and time that the client was Received by the Designated Mental Health Service presuming that the client was Received within 72 hours of the order being Made. At this point the Order duration will default to 24 hours from the date and time that the client was Received.

### Assessment Order Variations

It is possible for a client to be varied from an Assessment Order – Inpatient to an Assessment Order – Community and vice versa. The impact that these variations have on Order Expiry Dates are as follows.

**1. Assessment Order – Community Made varied to Assessment Order – Inpatient**

Where the client is varied from an Assessment Order – Community to an Assessment Order – Inpatient, the Expiry Date/Time of the Assessment Order does not change.

**2a. Assessment Order – Inpatient Order Made and varied to Assessment Order – Community**

Where a client on an Assessment Order – Inpatient that has yet to be Received (which would have a duration of 72 hours) is varied to an Assessment Order – Community, the Expiry Date/Time of the Assessment Order resets to be 24 hours from the date/time of the variation.

**2b. Assessment Order – Inpatient Order Received and varied to Assessment Order – Community**

Where a client on an Assessment Order – Inpatient that has been Received (which would have a duration of 24 hours) is varied to an Assessment Order – Community, the Expiry Date/Time of the Assessment Order does not change.

## Compulsory Order Transfer Function

The ability to transfer Compulsory Treatment Orders will be included in CMI/ODS release 6.2. It should be noted that this capability has been designed as a ‘transfer out’ function only which is enacted by the ***transferring*** campus. The transfer details on the Compulsory Orders screen are populated by the health service transferring the client. Information about the ‘Receiving Authorised Psychiatrist’ should be available on MHA 123.

In order for the transfer to take effect, the ***receiving*** campus must subsequently ensure that the following conditions are met:

* The client must be registered at the receiving campus
* The latest Order Events must be downloaded using the Compulsory Treatment Orders function
* A Case and Episode should be opened.

## Compulsory Notification Contact Details

The Mental Health Act 2014 stipulates that a Compulsory Notification Person must be notified in regards to the consumer’s treatment at specific times, this is known as Compulsory Notification.

In response to requests from consumer and carer groups and the Mental Health Tribunal, a decision has been made to allow multiple compulsory notification persons of the same type (ie Parent, Carer and Guardian) to be recorded in the Compulsory Notification Persons Detail screen. It should be noted that, consistent with legislation, there can still only be one Nominated Person and Secretary recorded.

While Compulsory Notification Details collected on the MHT32 form can be entered into the Compulsory Notification section of the CMI registration function, this does not negate the requirement to complete and manually submit the MHT 32 form to the Mental Health Tribunal. This is partly due to the interface between the CMI/ODS to Mental Health Tribunal Case Management System not being fully operational at this stage. In addition, the Department is currently developing guidelines regarding the capture and recording of compulsory notification contact person details to mitigate concerns about potential breaches of privacy.

## Electroconvulsive Therapy

### ECT Dataset Submission

The new Electroconvulsive Therapy (ECT) function will be used to report the ECT activity dataset to OCP and DHHS for the 2015/2016 financial year. In addition, any Course of ECT which commenced in the 2014/2015 financial year, that ends after 30 June 2015 will also need to be recorded in the new CMI/ODS ECT function. This is to ensure that ECT Course details are captured for ECT Procedures that occur after 30 June 2015 for reporting of 2015-16 year activity.

### Sun setting the ECT Spreadsheet

The current ECT spreadsheet will continue to be used until 30 June 2015. All ECT procedures should be recorded on the spreadsheet until 30 June 2015 to ensure that the Department has a consistent ECT dataset for the 2014-15 financial year, after which the CMI ECT Module will be source for the 2015/2015 ECT dataset.

The Department acknowledges that this represents duplicate data entry for some courses of ECT, but is considered necessary to ensure complete and accurate data.

### Electroconvulsive Therapy (ECT) function

The new ECT function requires a number of data entry steps to capture information about the client; requests to the Mental Health Tribunal for ECT (where required); ECT course details; and individual ECT treatment events.

### ECT Course

When entering a new Course of ECT the client’s age, current compulsory/security/forensic order status, capacity, personal consent and Legal Authority consent (where applicable) will determine whether a Mental Health Tribunal Hearing is required and therefore whether the MHT Hearing Request fields need to be completed. A flow diagram detailing whether or not an MHT Hearing is required can be found in ***Appendix A.***

### ECT Course Start and End Dates

**Course Start Date**

The source of information required to populate the Start Date for a Course of ECT will vary depending on whether the client has Consented to ECT or whether ECT is being administered under a Mental Health Tribunal Order. Where the client has provided Informed Consent, the Start Date is the date that the client Consented to the course of ECT which is recorded at the bottom of form MHA 131.

Where ECT is being administered under an MHT Order, the Start Date for ECT will be the date of the Hearing when the Order was issued.

**Course End Date**

Similarly, the source of information for the Course End Date will differ

Where the client has provided Informed Consent, the End Date needs to be calculated manually as the number of weeks (converted to whole days) from the Start Date.

Where ECT is being administered under a MHT Order, the End Date for ECT will be provided by the MHT in the determination documentation forwarded to the health services.

### Mental Health Tribunal Hearing Requests

Release 6.2 will begin to introduce preliminary functionality to support the transfer of data between the ODS and the MHT Case Management System with the next CMI/ODS release fully implementing this feature. However, copy forms will still need to be manually completed to request hearings until such time as the interface is fully functional.

### ECT Diagnosis

Under Section 99 of the *Mental Health Act 2014* the Chief Psychiatrist requires that the reason for ECT (ie ECT Diagnosis) be recorded for each course of ECT. This is due to the possibility of the diagnostic reason for ECT differing from the client’s overall diagnosis. This information will be captured using the existing CMI/ODS Diagnosis function. In addition, the Diagnosis associated with each ECT procedure must also be recorded. In order to minimise additional data entry each ECT procedure, Diagnosis will default to the current ECT Course Diagnosis unless a diagnosis is specifically added for the current ECT procedure using the Diagnosis Function.

### Clinical Global Impressions Scale

The new ECT Function also captures information about symptom severity at each treatment event via the Clinical Global Impressions(CGI) scale. The CGI scale is a commonly used measure of symptom severity, treatment response and effectiveness used in studies of people with mental disorders. The CGI is a seven (7) point scale that requires the clinician to rate the severity of the patient's illness at the time of rating using the following scale:

* 1: Normal, not at all ill
* 2: Borderline mentally ill
* 3: Mildly ill
* 4: Moderately ill
* 5: Markedly ill
* 6: Severely ill
* 7: Extremely ill

### ECT Course Termination

A Course of ECT can be terminated for a variety of reasons including:

* ECT is no longer required;
* The Victorian Civil and Administrative Tribunal either varied or revoked the Course;
* Client is no longer on a Compulsory, Security or Forensic Order;
* Client withdraws consent;
* Legal Authority withdraws consent;
* Client regains capacity and withdraws consent; and
* Client regains capacity and consents to ECT.

Under some of the above circumstances, (eg where client regains capacity and consents to ECT) the current Course of ECT will need to be terminated and a new Course commenced to reflect the change in the legal basis by which the ECT is authorised.

## Victorian Civil and Administrative Tribunal Health Care Professional

The Victorian Civil and Administrative Tribunal (VCAT) have the power to make determinations in relation to Compulsory and Security Orders made by the Mental Health Tribunal. The VCAT have powers that enable it to amend any aspect of most Orders including:

* Revoke the Order
* Amend the Order Category (Inpatient/Community – with the exception of Secure Treatment Orders or Court Secure Treatment Orders)
* Amend the Order duration (with the exception of Secure Treatment Orders or Court Secure Treatment Orders)
* Confirm the Order

To record VCAT determinations in the CMI/ODS Order function, the VCAT has been added to the list non-deletable Health Care Professionals.

## New Data Entry Validations

### Treatment Order sequence validation and interstate clients

Validation rules have now been added to the Compulsory Treatment Order function to remove to risk of Compulsory Treatment Orders being entered in the incorrect sequence. The new validation rules are as follows:

* An Assessment Order cannot be entered if the client is already on a Compulsory Order.
* A Temporary Treatment Order can only be added if the client is currently on an Assessment Order (with the exception of Interstate Transfers – see below).
* A Treatment Order can only be added if the client is currently on a Temporary Treatment Order or Treatment Order.

Please note, interstate clients with a Mental Health Legal Status as documented on a Civil Interstate Transfer notice may be placed directly on a Temporary Treatment Order negating the requirement of an Assessment Order. A new ‘*Interstate*’ tickbox has been added to the Compulsory Treatment Order function which removes the validation rule requiring clients to be on an Assessment Order before they are placed on a Temporary Treatment Order to facilitate accurate recording of Interstate Transfers.

### Deceased clients

Validation rules have also been added to prevent changes to Compulsory Orders being made against deceased clients. These validations are driven off the ‘Date of Death Status’ data element and will either prevent or warn against changes depending on whether the ‘Date of Death Status’ is recorded as ‘Actual’, ‘Approximate’ or ‘Estimate’.

For more information:

For Mental Health Act related questions please visit the Mental Health Act (2014) online handbook at: <http://www.health.vic.gov.au/mentalhealth/mhact2014/index.htm>

For CMI/ODS Helpdesk issues

Please email: cmisupport@health.vic.gov.au

For clarification regarding CMI/ODS business rules

Visit: <http://www.health.vic.gov.au/mhdr-info/index.htm>

Please email: MHDReporting@health.vic.gov.au

**Appendix A**



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