

# Registration of mental health consumers in CMI/ODS

Program Management Circular

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**OFFICIAL**

## Contents

<b>Key Message</b> .....	<b>2</b>
<b>Scope</b> .....	<b>2</b>
<b>Purpose</b> .....	<b>2</b>
<b>Background</b> .....	<b>2</b>
<b>CMI/ODS</b> .....	<b>3</b>
<b>The Registration Process</b> .....	<b>3</b>
<b>Benefits</b> .....	<b>4</b>
<b>When to Register</b> .....	<b>4</b>
Applying clinical judgement in registration .....	4
<b>When not to register</b> .....	<b>5</b>
<b>Case and episode commencement upon registration</b> .....	<b>5</b>
<b>Registered consumers: assessments for consumers with an open case and episode</b> .....	<b>5</b>
<b>Case definition change</b> .....	<b>5</b>
<b>Case Closure</b> .....	<b>6</b>
New referrals/Assessments .....	6
Consumers in a current episode of care with the mental health service.....	6
<b>CMI/ODS Data requirements</b> .....	<b>6</b>
Initial Registration & Case Data entry .....	6
Updating Registration & Case data.....	6
<b>About Program Management Circulars</b> .....	<b>6</b>

## Key Message

Consistent registration practices enable consumers to be accurately identified across the clinical mental health system, in order to support safety, person-centred, integrated care and to share relevant information.

When a referral is made to a public mental health service, a clinician will make an assessment of the most appropriate service response for the person who is the subject of the referral.

Where that person has been provided with a face-to-face mental health assessment by a mental health clinician and/or a medical practitioner, or when a referral has been accepted for further service delivery or intervention by the public mental health service, the client must be registered on the Client Management Interface/ Operational Data Store (CMI/ODS).

**We recognise that these are people's stories and that the reductive language below is only being used for the purposes of communicating a function in CMI.**

Registration is a process involving the recording of consumer level data, both demographic and clinical, for each consumer of a Victorian public mental health service. Family/carer/significant other, dependent children (children under the age of 18, whether in, or not in the care of the consumer) details, nominated person and advance statement information must also be collected at the point of registration where this applies. Each health service must ensure they have a process to ensure consumers are informed of and understand their rights and responsibilities, and align practice to the Chief Psychiatrist's guidelines on **Working together with families and carers**: <https://www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines/working-together-with-families-and-carers>.

Mental health services have the responsibility to identify family members and carers (including children and young carers) at first contact with the service and this information needs to be appropriately updated to reflect changes in carer status, nominated person, child information and caring arrangements.

## Scope

### Services in scope are:

All public clinical mental health service programs including: Acute, Subacute, Extended and Residential bed-based programs, ambulatory services and equivalent specialist mental health teams. As an example, this includes: Community Mental Health Teams, Crisis Assessment Teams, Bed Based Clinical Programs, Consultation Liaison Psychiatry, Mental Health and Police response, Emergency Mental Health including mental health assessment in Emergency Departments, AOD Hubs, Forensic Community Clinical Services, Child and Youth Mental Health Services, and Residential dual diagnosis services.

## Purpose

- To provide advice about when to register a person receiving public mental health services in CMI/ODS.
- To enhance safety and continuity of care and
- To accurately record service access and service provision.

## Background

Continuity of care is how a consumer experiences care over time as coherent and linked; this is the result of good information flow, good interpersonal skills, and good coordination of care. Informational continuity means that information on prior events is used to give care that is appropriate to the person's current

circumstance. Changes to the point of CMI/ODS registration policy are intended to support informational continuity, and improved continuity of care for consumers.

Both intentional self-harm and some mental illnesses are associated with a higher risk of suicide. A number of coronial recommendations in Victoria have noted that improving the information available to treating mental health clinicians about previous presentations is important to improve safety. Consistent registration of consumers who receive a face-to-face mental health assessment, (including family, children and carer information as per the Chief Psychiatrist's guidelines) will improve the availability of information to mental health clinicians on second or subsequent presentations.

In addition to consultation with consumers and carers, a Threshold Privacy Assessment was undertaken as part of the development of this circular.

## CMI/ODS

CMI/ODS is the Victorian public mental health client information management system and comprises:

- Client Management Interface (CMI). The CMI is the local client information system used by each public mental health service
- Operational Data Store (ODS). The ODS manages a set of select data items from each CMI. The ODS is used to:
  - allocate a unique mental health registration number for each client, known as the state-wide Unit Record (UR) number
  - share select client level data between Victorian public clinical mental health services to support continuity of treatment and care
  - ensure the legal basis for providing treatment is evident to all public mental health service providers where a client may be unable or unwilling to consent to treatment
  - meet the various reporting requirements of the Department of Health and Human Services
  - support the statutory functions of the Chief Psychiatrist and the Mental Health Tribunal.

## The Registration Process

Registration is a process involving the recording of consumer level data, both demographic and clinical, for each consumer of a Victorian public mental health service. This includes carer/significant other, dependent children details where this applies, nominated person and advance statement. Each health service must ensure they have a process to ensure consumers are informed of and understand their rights and responsibilities.

At the point of first registration, a consumer is allocated a unique state-wide UR number. Upon subsequent registration at another public mental health service, the same UR number is used to register the consumer for that campus.

If a consumer receives a face-to-face mental health assessment, then a case and episode in the CMI/ODS is to be opened with the assessing team. If a consumer does not require further ongoing care and treatment with the mental health service, then the episode and case in the CMI/ODS is to be closed.

During an open episode, the registration data is required to be reviewed and updated at a minimum annually or when there has been a change of information or service setting.

## Benefits

<p><b>Consumers and carers</b></p>	<ul style="list-style-type: none"> <li>• Less repeating of information</li> <li>• Better outcomes from improved recovery plans</li> <li>• Reduced likelihood of an adverse event due to missing information</li> </ul>	<p><b>Health administrators</b></p>	<ul style="list-style-type: none"> <li>• Improved efficiency in managing patient records</li> <li>• Less time checking records</li> </ul>
<p><b>Clinicians</b></p>	<ul style="list-style-type: none"> <li>• More complete information to base clinical decisions on at the point of care</li> </ul>	<p><b>Government</b></p>	<ul style="list-style-type: none"> <li>• Critical enabler for strategic mental health system reform</li> <li>• Improved information and analytics for mental health strategy and planning</li> </ul>

## When to Register

A consumer must be registered on CMI/ODS if **any** of the following criteria are met:

- a face-to-face (either in person or using videoconference) psychiatric examination including mental state assessment was completed, including such assessment in any community mental health service; mental health non-admitted/ambulatory service; or emergency mental health service
- a clinical decision is made that CMI/ODS registration is appropriate and a medical record is created
- when a person is not registered at a public mental health service, and receives admitted or residential mental health care
- when a decision is made following triage to provide further clinically significant mental health services to the person.

**A person must be informed of their registration under the provisions of HPP 1.4 of the *Health Records Act 2001* but does not need to provide consent to registration. Authority to register is expressly permitted under the provisions of s.347 (1) of the *Mental Health Act 2014*.**

## Applying clinical judgement in registration

Clinical judgement is to be exercised when determining whether to register a person on CMI/ODS who does not fully meet the other ‘when to register’ criteria above. Clinicians need to take into consideration whether registration will support continuity and provision of mental health services for the consumer.

Examples where it may be appropriate to register a consumer include:

- A person and/or their family may receive frequent or substantial phone contact with the mental health triage service prior to a face-to-face psychiatric examination
- Frequent mental health related presentations to emergency departments which have not resulted in a psychiatric examination with mental state assessment
- Where clinically indicated based on clinical referral documentation from a private psychiatrist
- When the consumer is a child or young person, and there is clinically significant face-to-face contact (either in person or online) with the parents, carer or family before there is face-to-face contact with the consumer

## When not to register

- A person **must not** be registered on CMI/ODS:
  - If they have only received a brief mental health telephone triage service and there is no clinical indication that registration is required
  - If a person presents seeking information only and does not require a psychiatric examination.

## Case and episode commencement upon registration

If a consumer receives a face-to-face mental health assessment, for example in a community, non-admitted, ambulatory or emergency mental health service or is registered for another reason, then a:

- case is commenced in the CMI and
- an episode in the CMI/ODS is to be opened with the mental health team that completed the face-to-face assessment.

A case is automatically opened on the CMI for clients admitted to a bed-based service; this is not an automatic part of consumer registration within CMI.

## Registered consumers: assessments for consumers with an open case and episode

A consumer's clinical acuity may fluctuate during a period of care with a mental health service, and consequently a consumer may receive assessments by a number of different parts of a mental health service according to need.

If a registered consumer receives a face-to-face mental health assessment by a community, ambulatory or emergency mental health team that is not the consumer's primary treating team, then an episode should be opened with that assessing mental health team. The concurrent open episodes in the CMI reflect service need. If the assessing mental health team is not providing ongoing care, then the assessing team's episode should be closed, while the primary treating team's episode remains open.

## Case definition change

Previously a case was defined as '*a clinically determined period of care for a consumer that involves individual service planning and clinical review generally within a framework of multidisciplinary care.*' From commencement of this revised registration policy, a case will be defined as '*a period of clinical care that commences from the point of assessment within a mental health service, and may progress to include a period of ongoing care within a framework of multidisciplinary care in community, outpatient/ambulatory, inpatient and/or residential mental health service settings.*' Where clinically indicated, a case may commence with an area mental health service at the point of referral.

The case start date will align with the client registration date, for the first point of registration at the service's campus, and for subsequent cases, the case start date will align with the date the mental state examination is completed.

A Primary Case Manager must be assigned in the CMI upon allocation if ongoing treatment will be provided.

A Case Manager **will not be required** to be allocated if ongoing treatment will not be provided. This would be expected to be the case for teams or services providing assessment only or consultation functions/services e.g. Consultation Liaison Psychiatry, Mental Health and Police Response, Emergency Mental Health.

## Case Closure

### New referrals/Assessments

If a consumer does not require further service from the assessing program or team, then the assessing team episode and case in the CMI/ODS are to be closed.

### Consumers in a current episode of care with the mental health service

When the clinical decision is taken to formally discharge the consumer from the mental health service, the case is closed. If required at a later date a new case for the consumer can be commenced. Case closure on the CMI/ODS is not automatic and needs to be instigated as part of local protocols, for example as a result of clinical review meetings.

## CMI/ODS Data requirements

### Initial Registration & Case Data entry

To enable continuity of care, CMI ODS client registration, case and episode data should be entered into CMI/ODS close to real time. At a minimum this data must be entered within the following timeframes, this includes afterhours and weekend presentations

- within 24 hours of mental state assessment being completed for Emergency Mental Health presentations,
- within 24 hours of mental state assessment being completed for other ambulatory Mental Health services
- as close to real time as possible for residential and admitted services (must be within 24 hours).

### Updating Registration & Case data

Services are required to review and update registration data at each change in case setting, and at a minimum of every twelve months for ongoing mental health cases of care. This includes updating family data, carer status, nominated person and information on children including age and caring arrangements.

## About Program Management Circulars

The information provided in this circular is intended as general information and not as legal advice. Mental health service management should ensure that policies and procedures are developed and implemented to enable staff to collect and use health information in accordance with relevant legislation.