

Service Contacts in CMI/ODS

Program Management Circular

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Key Message

- There are two service contact subsets, client service contacts and community service contacts.
- Mental health 'client service contact' duration is defined from a client or service recipient perspective and is not intended to account for clinician time.
- A mental health 'community service contact' duration is defined from the perspective of the recipient, eg the service or community group.
- Service hours are derived from service contacts
- To explain the concept of reportable service contacts.
- To clarify the reporting requirements and improve the consistency and quality of service contacts data submitted to the Client Management Interface/Operational Data Store (CMI/ODS).

Contacts

Public community mental health care ambulatory health units provide mental health assessment, treatment, support and other care services. Contacts are a unit of community mental health service provision, and measured as a duration recorded at a set date and time. There are two categories of contacts recordable in CMI: Service contacts, and unreportable contacts. This Program Management Circular focuses on service contacts, outlines subcategories, and outlines reporting requirements.

Service Contacts

Service contacts are reportable contacts provided by a Health Care Professional (HCP) from a specialised public mental health service ambulatory health care unit. The service setting of the contact does not impact upon whether it meets reportable criteria.

There are two subcategories of service contacts.

- **Client Service Contacts**
- **Community Service Contacts**

For a service contact to be reported into CMI/ODS, in addition to meeting service contact definition it must further meet the criteria outlined below of either a service client contact or a service community contact.

Client Service Contacts

Client Service contacts are a subcategory of Service Contacts. For a client service contact to be reported into CMI/ODS, it must meet all of the following criteria:

- Clinically significant in nature
- For a patient or client
- Provided by a Health care professional (HCP) who is employed within a specialist public mental health service Ambulatory Health Unit (AHU)
- Requires a dated entry in the health record or triage record of the patient/client

Reportable activity which is clinically significant in nature includes activity which directly contributes towards assessment of a client's condition; or towards the therapeutic needs of a client's condition. It is inclusive of preventative activity that supports the needs of a client's dependents, and supportive activity for a client's family, support person, or carer.

Client service contact type and duration is defined from a client or service recipient perspective. It is acknowledged that client service contacts are a portion, and not a complete account of a HCPs clinical commitment time.

There are three subsets of service client contacts:

- 1) Unregistered Contacts ("B" type contacts)
- 2) Registered Contacts ("A" type contacts)
- 3) Case Contacts ("E" type contacts, which CMI automatically converts when "A contacts" are entered for clients in an open case)

For further information about client service contacts, including detailed explanations and examples of common inclusion and exclusions, please refer to the contacts data definitions.

Community Services Contacts

Community Service Contacts are also a subcategory of Service Contact, and are known as "C" type contacts. These are community-centred contacts which are reportable when a service is provided by the mental health service to another service provider, group or organisation rather an individual client or client group. This service is typically provided in a non-mental health specific setting.

While reportable community service contacts may not require a dated entry into a client's health record, it is expected that the activity reported is reflected in local recordkeeping that meets legislative and regulatory requirements including Public Record Office Victoria (PROV) standards.

A community services contact is defined from the perspective of the recipient.

There are six subsets of service community contacts:

- 1) Primary consultation
- 2) Secondary consultation
- 3) Tertiary consultation
- 4) Community development
- 5) Community education
- 6) Specialty MH service development

For further information about community services contacts, including detailed explanations and examples of common inclusion and exclusions, please refer to the contacts data definitions document.

Service Hours Definition & Targets

Service Hours are the same as service contact hours, except they are adjusted for group contact sessions to measure from a Health Care Professional (HCP) perspective. The formula definition for service hours are available within the quarterly [Service hours – Mental Health performance indicator reports](#). Service hour contact targets are set each financial year for services. Penalties for mental health services not meeting targets are outlined in the Policy and Funding Guidelines. For further background about service hours, refer to the "Service Hours Factsheet".

Timeliness of Data Entry

All service contacts are due by the 10th day of the following month.

If difficulties are anticipated in meeting a data submission due date, the service must notify MHDReporting@dhhs.vic.gov.au and advise:-

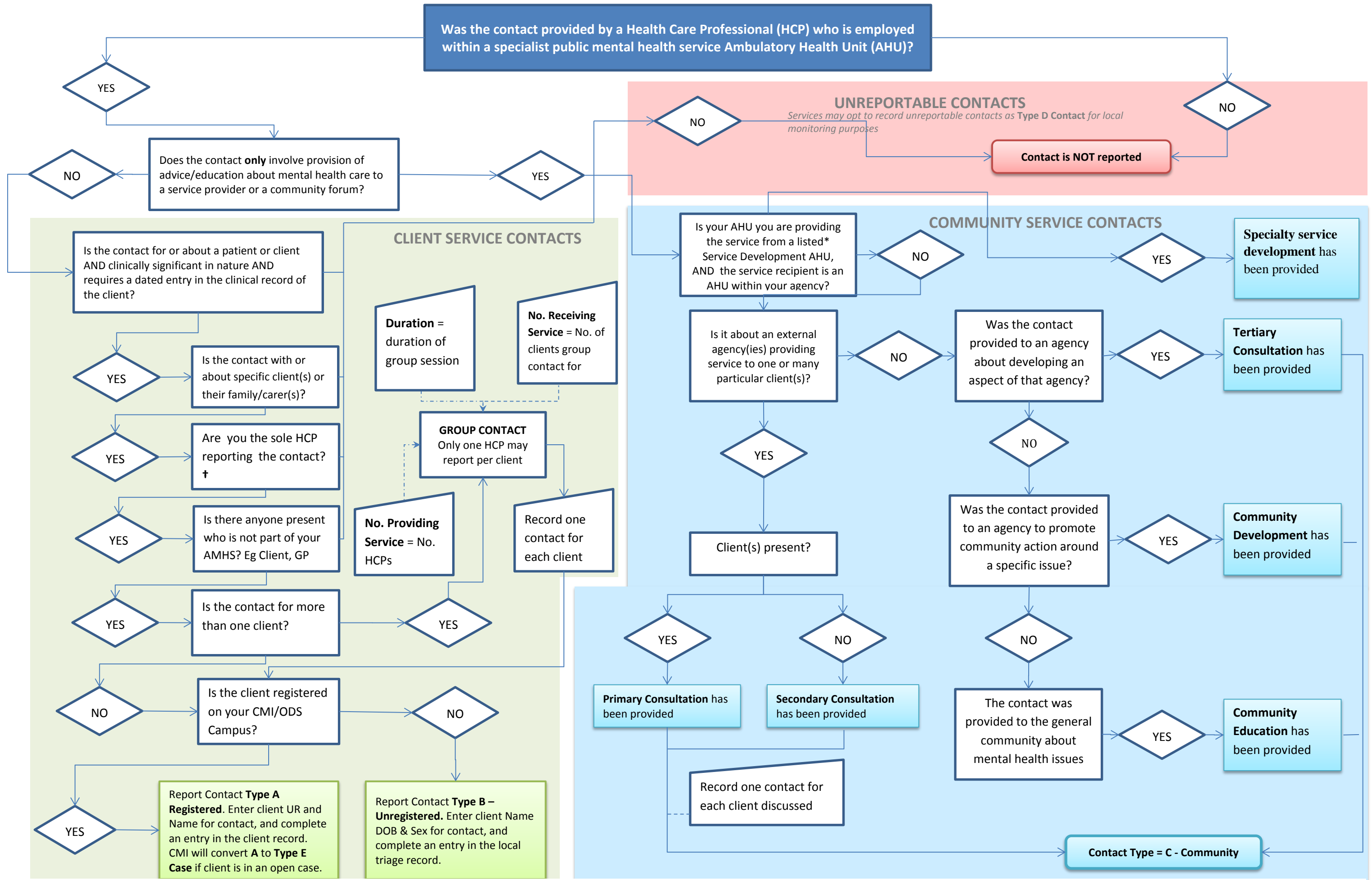
- the data reporting period impacted, and why the service is unable to submit the data by the deadline
- when the issue was first identified, what steps have been taken resolve the issue, and what are the plans to avoid this issue reoccurring
- When the service expects to be able to resume timely reporting of data

The Department will review late data exemption requests on a case by case basis. It is at the Department's discretion as to whether data submitted late will be included for reporting, and whether any penalties outlined in the Policy and Funding Guidelines are applicable.

About 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.

Appendix 1 – When and What contact to record



This document is intended to provide a high level outline about the different types of mental health reportable contacts. For further contact definition and inclusion/exclusion specifications and criteria, please refer to Contacts Program Management Circular and data definitions document. *See Appendix 1 of the Contacts data definitions document for listed Service Development Ambulatory Health Units. †If there are multiple HCPs providing the contact, only one HCP may report it.

Appendix 2 - Recording Contacts - FAQ

1. [WHAT ARE SERVICE CONTACTS?](#)
2. [CAN SERVICE CLIENT CONTACTS BE RECORDED IF USING ELECTRONIC DEVICE?](#)
3. [WHAT IS THE CORRECT WAY TO RECORD SERVICE CONTACTS WHERE THERE ARE MANY CONTACT EVENTS ON THE SAME DAY FOR THE SAME CLIENT?](#)
4. [COULD YOU PLEASE PROVIDE AN EXAMPLE FOR SERVICE RECIPIENT – 10 INTERAGENCY CASE PLANNING?](#)
5. [IF A PATIENT/CLIENT IS SEEN BY A HCP \(EMPLOYED BY AN AMBULATORY MENTAL HEALTH SERVICE\) WITHIN AN ACUTE INPATIENT OR RESIDENTIAL UNIT, SHOULD A CLIENT SERVICE CONTACT BE RECORDED?](#)
6. [HOW DO YOU RECORD 'GROUP' SERVICE CONTACTS?](#)
7. [WHEN A PATIENT/CLIENT OR A PATIENT/CLIENT'S FAMILY MEMBER, CARER OR OTHER EXTERNAL HEALTH CARE PROFESSIONAL DIRECTLY PARTICIPATING IS TRAVELLING IN A VEHICLE WITH A HCP, CAN A SERVICE CONTACT BE RECORDED?](#)
8. [CAN CONTACTS BE RECORDED AGAINST A DECEASED PATIENT/CLIENT?](#)
9. [WHY DOES THE DEPARTMENT FOLLOW UP CONTACTS OVER 8 HOURS IN DATA VALIDATION REPORTS?](#)
10. [ARE CONTACTS UNDER 5 MINUTES REPORTABLE?](#)
11. [CAN CARER PEER SUPPORT WORKERS REPORT SERVICE CLIENT CONTACTS IF THE CONTACT IS FOR THE CARER, RATHER THAN THE CLIENT?](#)

1. What are mental health client service contacts?

Answer:

Mental health **client service contacts**, i.e.

Contact Types:

- A – Registered client contact**
- B – Unregistered client contact**
- C – Community contact**
- E – Case contact**

are a subset of all contacts recorded on the CMI and transmitted to the ODS. These contacts meet the criteria of a service contact as outlined above, and measure service received from a client perspective, not a HCP perspective.

A HCPs' time spent on clinically important activities not accounted for by service contacts (e.g. such as case review meetings or on quality improvement activities), may be recorded by Contact Type D- Non-reportable contact.

2. Can service client contacts be recorded if using electronic device?

Answer:

Electronic communication such as videoconference/teleconference is regarded as synchronous communication, ie participant/recipients are online and available at the same time. Read and respond communications may be considered to be a reportable contact if it meets client service contact criteria.

Asynchronous electronic communication devices include answering machine, email, SMS, text messaging, voicemail. Generally, it is considered the information exchange is 'asynchronous' where the participant/recipient need not be available or online at the same time, but, rather read and respond as their availability permits.

Since 1 July 2010, if the service client contact criteria is met and it is via electronic communication, it is considered a service contact. These contacts must be recorded with Service Medium of "Other synchronous" or "Other asynchronous" and the Service Duration recorded is from the perspective of the service recipient. If there is a continuous communication exchange between the HCP and participant/recipient, than "Other Synchronous" service medium should be used, and Service Duration should reflect this total period. Otherwise, discrete contacts are recorded for each communication exchange using service medium of "other asynchronous".

Note that information communicated in relation to appointment scheduling is not regarded as a service contact, but may be recorded as "Contact Type D – Non-reportable contact".

3. What is the correct way to record service contacts where there are many contact events on the same day for the same client?

Scenario A: (representing continuous events)

Event	Date of service contact	Duration	Scenario
1	01/01/2009	09:00-09:30	Client A is seen by clinician Z
2	01/01/2009	09:31-09:49	Client A and family is seen by clinician Z.
3	01/01/2009	09:50-10:00	Client A is seen by clinician Z.

Answer:

The events may be regarded as a continuation of the one service contact as Client A has been involved in all three events with no change to 'service medium', 'service location' and "No. Providing service".

Therefore group all Client A service contacts and "Service Recipient = 3. Client and family" and duration of all events, i.e. 60 minutes.

The other option is to record the events separately.

As the only change between these contacts is service recipient and the client is present in all three, from a reporting perspective these can be combined.

Scenario B: (representing continuous events, however key data elements differ)

Event	Date of service contact	Duration	Scenario
1	01/01/2009	09:00-09:30	Client A is seen by clinician Z and at end of session asks Client A to be seated in the Waiting Area.
2	01/01/2009	09:31-09:49	Clinician Z telephones Clinician Y (from another AMHS) for further information.
3	01/01/2009	09:50-10:00	Client A is seen by clinician Z.

Answer:

While it is regarded that there is a continuous service contact in relation to time, there is a change to:

- Client A - not involved in Event 2
- Service Medium

Event 2 requires a separate contact to be recorded.

Option to either group Events 1 and 3 data or record as separate events.

Scenario C: (representing separate time interval events)

Event	Date of service contact	Duration	Scenario
1	01/01/2009	09:00-09:30	Client A is seen by clinician Z
2	01/01/2009	10:00-10:30	Client A and family is seen by clinician Z.
3	01/01/2009	14:00-14:20	Client A is seen by clinician Z.

Answer:

Where there is a **time interval** of service contact between HCP and participant/recipient of the service, separate contacts should be recorded.

4a. Could you please provide an example for Service Recipient – 10 Interagency case planning?

Interagency Case Liaison refers to contacts between separate Designated Mental Health Services (DMHS) **about a specific registered or unregistered client** in which the purpose of the contact is to coordinate the care activities of the two agencies in regard to that specific client.

Client A is currently managed by service A. It has been determined that service B (another mental health agency) provides a specialist program and would benefit the client. The HCPs between agencies/services liaise in case planning for the transfer of the client. The HCP at Service A must record the contact activity as “interagency case planning”.

4b. Could you please provide an example for Service Recipient – 100 InterAMHS case planning?

Inter-AMHS case planning refers to contacts between different Area Mental Health Services (AMHS) **within the same Designated Mental Health Service (DMHS) about a specific registered or unregistered client** in which the purpose of the contact is to coordinate the care activities between two Area Mental Health Services within the same Designated Mental Health Service in regard to that specific client.

AMHS A and AMHS B are part of the same DMHS. Client A is currently managed by AMHS A and it has been determined that AMHS B, provides a specialist program and would benefit the client. The HCPs between agencies/services liaise in case planning for the transfer of the client. The HCP at AMHS A must record the contact activity as “inter-AMHS case planning”.

5. If a patient/client is seen by a HCP (employed by an ambulatory mental health unit) within an acute inpatient or residential unit, should a client service contact be recorded?

Answer:

Regardless of service setting (i.e. acute inpatient or residential unit) of the patient/client, the client service contact is recorded by the ambulatory HCP if it meets the criteria as outlined in *the service contacts PMC*. HCPs employed as an inpatient or residential unit clinician should not record service contacts.

For example, PARC in-reach service contacts should be recorded as per Subcentre PMC (‘Subcentre name’ data item business rule) at <https://www2.health.vic.gov.au/mental-health/research-and-reporting/reporting-requirements-for-clinical%20mental-health-services/subcentre-maintenance>

Note: Intra-AMHS liaison (including between ambulatory and inpatient teams), are not regarded as service contacts, however may be recorded as Contact Type D- Non-reportable.

6. How do you record ‘Group’ client service contacts?


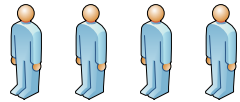
Guidelines:

- A group may consist of both registered (Contact Type A/E) and unregistered (Contact Type B) clients;
- Groups must be clinical in nature (treatment oriented or with therapeutic value) before a contact can be recorded.
- Only one contact can be recorded for each individual client attending the (treatment/clinical) group.
- The ‘Service recipient’ is ‘Client group’ (Code 2) for each client participant in the group (registered or unregistered), or ‘service recipient’ is ‘parent/family/carer group (Code 9)’ for each client the contact is for.
- The number of clinicians providing direct service to the group is recorded in the ‘Number providing service’ data item on the contact sheet, for each client contact associated with that group, registered or unregistered.
- The total number of individual clients (registered or unregistered) attending or associated with that group is individually recorded in the ‘Number receiving service’ data item on the contact sheet.
- The duration of the contact is recorded in minutes and is defined as the time of client involvement at the group. Duration is not related to the time spent by clinician(s) with the group. If any individual client fails to attend the

full duration of the group, the duration for that client must be recorded as the number of minutes actually attended, not the (intended) duration of the group.

- Breaks for refreshments, rest (or similar personal activities) do not constitute therapeutic value or technique, and their duration is excluded from the total duration of the group.
- If a registered client attends a group with another unregistered client in a support capacity (partner, parent, family member, advocate, friend or carer), the contact for that group attendance is recorded as 'unregistered' as the registered client is not attending as the focus of the group, but as a support to another unregistered client who is the focus of the group.
 - For example, a mother who is receiving (or has previously received) service from an adult mental health team as a registered client, attends a group with her child or children, where the focus of the group is on the unregistered child or children – provided by CAMHS clinician(s). The contact with the mother's attendance at that group is recorded as 'unregistered' against the child, as she is not the focus of the group. The fact that the mother has her own Statewide UR number is irrelevant for activity reporting of her attendance at the group conducted by CAMHS clinicians.

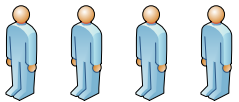

Scenario 1: (One HCP and many patient/client participants)

Health care professional	Participants	
		<p>HCP A conducts a group session for the duration of 60 minutes with many patient/client participants.</p>

Answer:

HCP A records a service contact for each patient/client that participates in the session. As duration is from the perspective of the patient/client, the actual duration is recorded, i.e. 60 minutes duration for each patient/client.

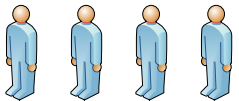
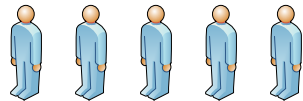
Scenario 2: (Many HCPs and one patient/client)

Health care professionals	Participants	
		<p>HCPs (A, B, C, D) review a patient/client and the service contact duration is 60 minutes.</p>

Answer:

While it is not a 'client group', the following reporting method is recommended: A nominated HCP (HCP A) records a service contact for the patient/client that participates in the session. As duration is from the perspective of the patient/client, 60 minute duration is recorded. The participant details include 'Number Providing Service' = 4, 'Number Receiving Service' = 1. The other HCPs may choose to record contacts as Type D, unreportable.

Scenario 3: (Many HCPs and many patient/client participants)

Health care professionals	Participants	
		<p>HCPs (A, B, C, D) conduct a session involving five patient/client and the service contact duration is 60 minutes.</p>

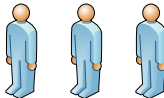
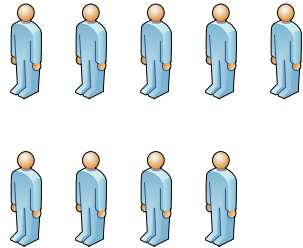
The following reporting method is recommended: A nominated HCP (in this instance, HCP A) records a service contact for each patient/client that participates in the session. As duration is from the perspective of the

patient/client, 60 minute duration is recorded. The participant details include 'Number Providing Service' = 4, 'Number Receiving Service' = 5.

Tip:

- If this is a regular group session for all participants, HCPs may rotate recording the activity for the session.
- If needed for internal purposes, HCP's B, C and D can record the session as type D – Non reportable contacts

Scenario 4: (One group splits into many groups within the same session)

Health care professionals	Participants	
		<p>HCPs (A, B, C) conduct a session involving 9 clients/patients and the service contact duration is 60 minutes.</p> <p>Within the session, 3 focus groups are convened (each with 3 clients) and a HCP.</p> <p>All clients and HCPs attend for the full duration, and end together.</p>

Answer:

While the original group session has been split into many groups, it is considered for ease of reporting, the following applies. The focus groups would normally assemble at the end of the session.

Option 1:

The following reporting method is recommended: A nominated HCP (in this instance, HCP A) records a service contact for each patient/client that participates in the session. As duration is from the perspective of the patient/client, 60 minute duration is recorded. The participant details include 'Number Providing Service' = 3, 'Number Receiving Service' = 9.

Tip:

- If this is a regular group session for all participants, HCPs may rotate recording the activity for the session.
- If needed for internal purposes, HCP's B, C and D can record the session as type D – Non reportable contacts

Alternative Option:

To allow activity to be recorded equally between the HCPs, rather than "HCP A" reporting a contact for all 9 clients, each HCP reports a contact against 3 clients. This still results in one contact against each of the nine clients, with each contact details as 'Number Providing Service' = 3, 'Number Receiving Service' = 9 'Duration = 60 minutes'.

7. When a patient/client or a patient/client's family member, carer or other external health care professional directly participating is travelling in a vehicle with a HCP, can a service contact be recorded?

Answer:

If a patient/client or patient/client's family member, carer or other external health care professional directly participating is travelling in a vehicle with a HCP, a service contact (Contact type: A, B, C, E) is recorded if it meets the criteria of a service client contact.

The duration recorded relates to the direct participation and does not include the travel time.

Travel time may be recorded as a Non-reportable contact (Contact type D).

8. Can contacts be recorded against a deceased patient/client?

Answer:

Reportable post-mortem contacts may still be attributed to the client (type A contacts), but not a case (type E contacts) . Administrative staff must check the CMI case and manually close any open community episode to ensure post-mortem contacts are not recorded against an open case. Note CMI will prevent post-mortem contacts from being recorded where the service recipient includes the client.

9. Why does the department follow up contacts over 8 hours in data validation reports?

Answer:

The department submits contact data to the commonwealth as part of the NMDS process. As part of this process each contact which is over eight hours is flagged as a potential error. Each instance is then required to be confirmed as a legitimate contact which meets the national standards before it can be accepted. Contacts of this length are rare and can have a significant impact on the data for both the agency and the state, so ensuring accuracy is of a high priority to the department.

10. Are contacts under 5 minutes reportable?

Answer:

If a contact is under 5 minutes in duration and meets the criteria for a service contact it is reportable however all contacts will be required to be confirmed as legitimate through the data validation process. This is because the department submits contact data as part of the NMDS process. As part of this process each contact which is under five minutes is flagged as a potential error. Each instance is then required to be confirmed as a legitimate contact which meets the national criteria before it can be accepted. To reduce the administrative burden for both the health service and the department, please only record these short contacts if they:

- Are clinically significant in nature
- Are for a patient or client
- Require a dated entry in the clinical record or triage record of the patient/client

11. Can Carer Peer Support Workers report client contacts if the contact is for the carer, rather than the client?

Answer:

Carer Peer Support Workers (PSW) are an emerging workforce and part of the mental health treating team. Carer PSWs draw on lived experience, knowledge and skills to support the carers of clients.

Provided the contact meets the criteria of a service client contact, these contacts are reportable as registered contacts where the contact is about the client carer relationship, or as unregistered contacts where the carer is the sole subject of the contact.

If the carer is the sole subject of the contact, the contact should be reported as an unregistered contact.

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Available at <http://www.health.vic.gov.au/mhdr-info/rules.htm>