

Residential Mental Health Care Data Collection (RMHCDC) Manual

2018-2019

Version 1.0

Residential Mental Health Care Data Collection (RMHCDC) Manual 2018-2019 Collection Year

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1. INTRODUCTION

1.1 Overview

This manual provides an overview of the Residential Mental Health Care Data Collection (RMHCDC). It is a reference for all Queensland residential mental health care facilities, Hospital and Health Services (HHS) and Department of Health personnel who are involved in the collection, extraction and use of mental health consumer residential data.

This manual is intended to be used as a supplement to the manual for the Queensland Hospital Admitted Patient Data Collection (QHAPDC), available on the Department of Health website (<https://www.health.qld.gov.au/hsu/collections/qhapdc>) or intranet, QHEPS (<https://qheps.health.qld.gov.au/hsu/datacollections#qhapdc>).

This manual does not replace the Hospital Based Corporate Information System (HBCIS) user manual and is not intended to be, or replace, any other facility based information system manual.

1.2 Purpose of the collection

The RMHCDC contains statewide information about ended episodes of residential mental health care from any specialised residential mental health care facility treating consumers. An ended episode is an inclusive phrase meaning, died, discharged, administratively ended at the end of financial year, left against clinical advice, transferred to hospital care or sent to another residential mental health care service.

The RMHCDC complements the range of activity, diagnostic, demographic and outcome information collected to support understanding of mental health service delivery in Queensland.

The RMHCDC enables Queensland to meet local, state and national reporting obligations, including a requirement to provide data to the Australian Institute of Health and Welfare (AIHW) under the National Health Care Agreement.

For HHSs, reporting to the RMHCDC is a requirement of individual Service Agreements between the HHS and the Department of Health.

Data reported to RMHCDC satisfies the requirements of the [National Health Data Dictionary](#) (METeOR) and the [Residential Mental Health Care National Minimum Data Set](#) (RMHC NMDS) and other State reporting requirements at the time of publication.

1.3 Scope of the collection

The scope of the RMHCDC is episodes of residential mental health care for consumers in all recognised government-funded specialised residential mental health care facilities in Queensland.

Specialised mental health services are those with a primary function to provide treatment, rehabilitation or community health support targeted towards people with a mental disorder or psychiatric disability. These activities are delivered from a service or facility that is readily identifiable as both specialised and serving a mental health care function.

A residential mental health care facility is recognised by having a model of service, referral pathways and a clinical and operational governance structure overseen or managed by a local HHS or Queensland Health staff.

A residential mental health care facility is a service that:

- *has the workforce capacity to provide specialised mental health services; and*
- *employs suitably trained mental health staff to provide rehabilitation, treatment or extended care on-site:*
 - *to consumers residing on an overnight basis;*
 - *in a domestic-like environment; and*
 - *encourages the consumer to take responsibility for their daily living activities.*

These services include those that employ mental health trained staff on-site 24 hours per day and other services with less intensive staffing (but the trained staff must be on site for a minimum of 6 hours a day and at least 50 hours per week).

Suitably trained residential mental health care staff may include:

- *individuals with Vocational Education and Training (VET) qualifications in community services, mental health or disability sectors;*
- *individuals with tertiary qualifications in medicine, social work, psychology, occupational therapy, counselling, nursing or social sciences; and*
- *individuals with experience in mental health or disability relevant to providing mental health consumers with appropriate services.*

(Australian Institute of Health and Welfare, 2018)

Residential mental health care services in scope for the RMHCDC include:

- Community Care Units (CCU)
- Step Up Step Down Units (SUSDU)

The following services are **not** in scope and are excluded from this collection:

- Housing and Support Program (HASP)
- Transitional Recovery Services
- Consumer Operated Services
- Temporary Support Accommodation
- Residential Aged Care Services

1.4 Confidentiality and privacy

Confidentiality applies to information that could reasonably lead to the identification of an individual. Apart from the obvious characteristics (such as name and address), there

are other data items which, if seen together, may be sufficient to allow an individual to be identified.

All persons involved in the collection, management and use of consumer-related information must ensure that the uses of those data do not compromise the privacy of the individual to whom it relates. The management and use of consumer-related information will align with governing legislation, standards and guidelines.

All consumers receiving care in a residential mental health care facility must be asked for their consent to the release of their personal, admission and health details for funding purposes.

The information that is released can only be used for the purposes for which it was given. A consumer's consent to release their information may not result in their information being released. Only those records required to inform or manage a funding arrangement will be released.

2. GUIDELINES FOR SUBMISSION OF DATA

2.1 Methods of submission

All HHSs offering specialised residential mental health care in facilities that are in scope for the RMHCDC are required to utilise the Hospital Based Corporate Information System (HBCIS) to capture and report data (via the Statistical Services Branch's QHAPDC processing infrastructure) to the Clinical Systems Collections and Performance Unit (CSCPU), Department of Health.

HBCIS data are extracted, mapped and grouped to meet RMHCDC needs. The software used to achieve compatibility is the Homer Queensland Interface (HQI).

2.2 Data quality

Data supplied to the RMHCDC is expected to be of a high quality on submission. Validation errors are generated following a successful load of RMHCDC data for a particular reference period. Residential mental health care facilities are notified of their errors on-line through the Electronic Validation Application (EVA Plus). Errors are to be fixed within HBCIS, which will flag updated records automatically for resubmission.

Details regarding the validations applied to residential mental health care episodes are contained in Appendix L of the [QHAPDC manual](#).

2.3 Electronic Validation Application (EVA Plus)

Residential mental health care facilities are notified of their validation messages on-line through the Electronic Validation Application (EVA Plus). EVA Plus provides facilities with the ability to record 'actions' that are required to rectify validation errors.

The EVA Plus user manual is provided on the Statistical Services Branch (SSB) intranet page (<http://qheps.health.qld.gov.au/hsu/datacollections.htm>) or Department of Health website (<https://www.health.qld.gov.au/hsu>).

2.4 Due dates for data submissions

All residential mental health care facilities deemed in scope must submit RMHCDC to the SSB (on behalf of MHAODB [Mental Health Alcohol and Other Drug Branch]) by the 35th day following the calendar reference period.

The table below is an example of RMHCDC reporting schedule:

Reporting Period	Finalised Data Due Date All Hospitals
July	4 September
August	5 October
September	4 November
October	5 December
November	4 January
December	4 February
January	7 March (6 in a leap year)
February	4 April
March	5 May
April	4 June
May	5 July
June	4 August

For residential mental health care facilities, a Monthly Activity Report (PH1) is due on the 4th day of each month following the reference month. A PH1 report is an aggregate-level report summarising activity for the specified reference month. For most facilities using HBCIS, the PH1 is generated and sent automatically using the 'Report Monitor' functionality in HBCIS.

3. DATA DEFINITIONS

This manual is a supplementary guide and should be used in conjunction with the [QHAPDC manual](#).

Requirements for the RMHCDC conform largely to the requirements of the QHAPDC. This manual has been created to address data elements and guidelines that **differ** from QHAPDC and are specific to residential mental health care facilities. Where an item is not listed in this manual, the instructions within the QHAPDC manual should be followed.

3.1 Residential Mental Health Care Services

The residential mental health care service types listed in this section are in scope for the RMHCDC.

Facilities reporting to the RMHCDC must have been assigned a unique facility identifier (ID). The facility ID is a numerical code that uniquely identifies each Queensland Health care facility, including residential mental health care facilities. A list of specific residential facilities in scope for the RMHCDC and their facility ID is listed in [Appendix A](#) of this manual.

3.1.1 Community Care Units

Community Care Units (CCU) provide clinical care and rehabilitation services in a home-like environment.

The services provided through CCUs support the recovery of people seriously affected by mental illness to develop or relearn skills in self-care, communication and social skills in a community-based residential facility.

The CCU service is for adult consumers aged 18 to 65 years who have a severe and persistent mental illness. The symptoms substantially impair their psychosocial function and the capacity for independent living. These consumers have, or are likely to have, difficulty functioning within their community and have had problems accessing other services for support.

The key functions of the CCU are:

- provision of 24-hour mental health care, peer support and rehabilitation for consumers with complex mental health needs and associated disabilities
- facilitation of living skills development in a community facility setting over a medium to long term time frame
- engagement of consumers to develop sustainable relationships with peers, family/carers and/or other supports to enable meaningful participation in their own community.

CCUs may be delivered in a partnership arrangement by HHS public mental health services (providing clinical support) and Community Managed Organisations (CMOs) to provide psychosocial rehabilitation support under service agreement arrangements. The clinical and psychosocial components of care are delivered as part of an integrated service.

(Community Care Unit Model of Service, Queensland Public Mental Health Service, 2015)

3.1.2 Step Up Step Down Units

SUSDU services are an integrated model of service delivered as a partnership between HHS mental health service and a non-government organisation. These services aim to improve outcomes for people with a severe mental illness by providing clinical treatment alongside psychosocial support in a rehabilitative and residential environment. Importantly, by offering both step up and step down services, they assist with preventing avoidable admissions to acute inpatient units and avoidable re-admissions following an acute episode as individuals can step down to alternate care.

These services provide time-limited (length of stay up to 28 days), bed-based 24-hour/7-days per week mental health care, delivered as a partnership/collaboration between clinical services and the community support sector.

The adult SUSDU is for adult consumers aged 18 to 65 years. The youth SUSDU is for young people aged 16 to 21 years.

SUSDU services aim to:

- prevent further deterioration of a person's mental state and associated disability, and so reduce the likelihood of admission to an acute inpatient unit (Step Up)

- enable early discharge from acute mental health inpatient units through the provision of an intensive safe and supportive sub-acute residential community program (Step Down)
- provide transitional, recovery oriented care and support to minimise the trauma and impact of a first episode or relapse of a mental illness
- provide an integrated approach to clinical recovery and psychosocial interventions with a focus on stabilisation and management of illness and, engagement or re-engagement in positive and supportive social, family educational and vocational connections.

Service features

The SUSDU model is delivered as a partnership/collaboration between the HHS and the CMO. The HHS provides clinical support and the CMO delivers non-clinical support as an integrated service, at the same residential unit.

SUSDU services are located in the community and operate as a component of the local HHS mental health alcohol and other drug service.

3.2 Episode of Residential Care

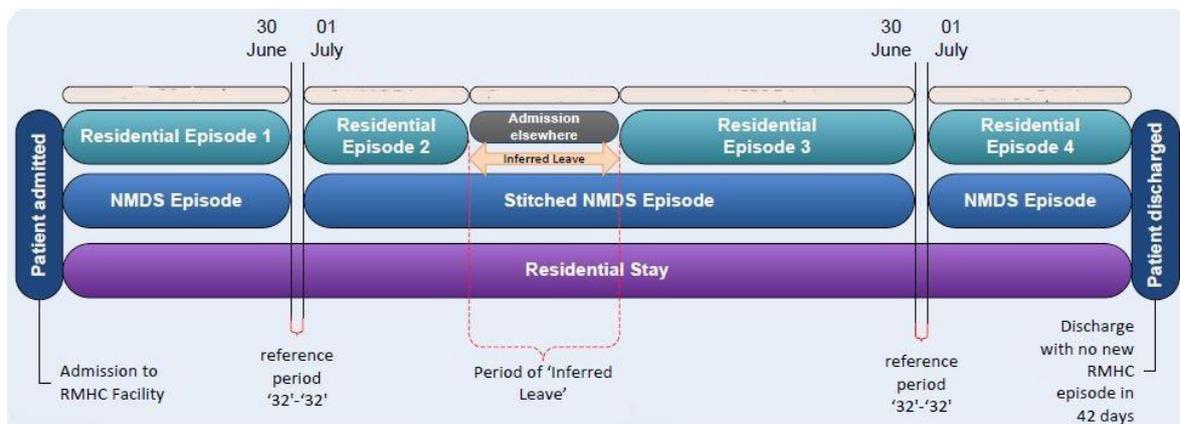
An episode of residential care is the period of care between the start of residential care (either through the formal start of the residential stay or the start of a new reference period i.e. 1 July) and the end of the residential care (either through the formal end of residential care or the end of the reference period, i.e. 30 June).

The care delivered in residential mental health care facilities is intended to be on an overnight basis. This may occasionally include episodes of residential care that unexpectedly end on the same day as they started for example, the resident died or left against advice, or the episode began at the end of the reference period (i.e. starting care on 30 June).

3.3 Residential stay

The period of care beginning with a formal start of residential care and ending with a formal end of the residential care and accommodation. A residential stay may involve more than one reference period and more than one episode of residential care.

Residential stays are calculated by the MHAODB prior to submitting the RMHC NMDS by joining episodes of residential care across reporting periods (financial year) or episodes with inferred leave (see section 3.5).



3.4 Leave

A consumer is on leave if they leave the specialised residential mental health care facility for short to medium term periods and intend to return to the facility to continue the current course of treatment / rehabilitation.

Date of starting leave

Record the full date (ddmmyyyy) on which the patient started leave.

Time of starting leave

Record the time on which the patient started leave.

Date returned from leave

Record the full date (ddmmyyyy) on which the patient returned from leave.

Time returned from leave

Record the time on which the patient returned from leave.

Leave category

For leave used in transitional leave scenarios (such as residential mental health care), the 'Permanent' leave type is to be used for leave of extended periods, of up to 42 days.

For leave other than transitional leave, the leave type of 'Temporary' which applies to periods up to 7 days, should be used.

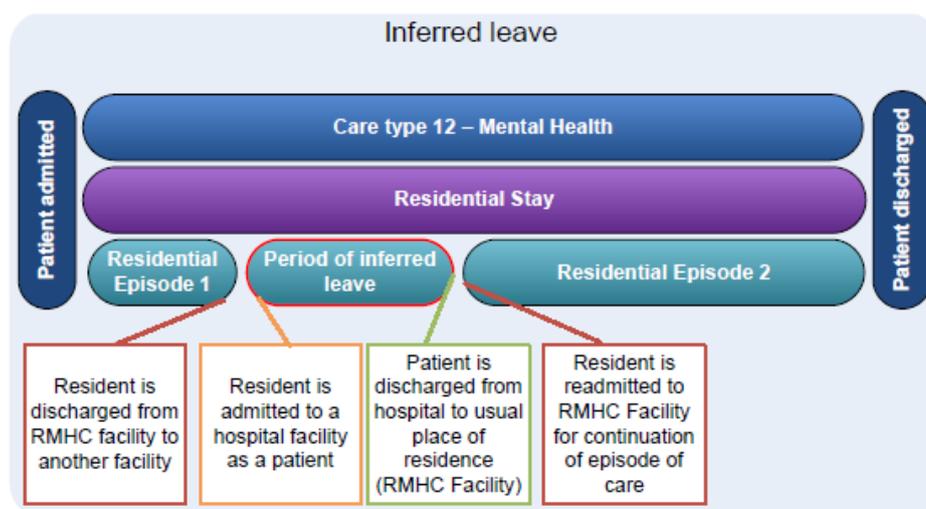


3.4.1 Inferred leave

To satisfy the reporting requirements of the RMHC NMDS, MHAODB calculates inferred leave for consumers who meet specific criteria.

Where a consumer is transferred to a hospital for admission and returns, the residential mental health care episode should be ended with a mode of separation code of '16 – Hospital transfer' and a new episode of residential mental health care created on return with a source of referral / transfer (admission source code) of '25 - Non-admitted patient referred from another hospital'. This business process should be followed irrespective of whether the consumer is intended to return to continue the current course of treatment / rehabilitation.

If the period between the residential mental health care episode ending and starting is less than 43 days, the period of absence will be deemed to be inferred leave.



3.4.2 Calculation of leave days

The number of leave days for each leave period is calculated as the date the consumer returned from leave minus the date the consumer went on leave during a period of treatment or care. A day is measured from midnight to midnight.

The total number of leave days for an episode is calculated as the sum of all leave days for each individual leave.

The day the consumer goes on leave is counted as a leave day. The day the consumer returns from leave is a day of treatment and is not counted as a leave day.

Example

A consumer went on leave on 9 January 2017 and returned on 15 January 2017. The consumer was on leave for 6 days.

Leave cannot exceed 42 days.

Example

A consumer who commences leave on Monday, 10 June, must return to the residential mental health care facility on or before Monday, 22 July.

Calculation rules for leave days for residential mental health care facilities are consistent with the rules in the QHAPDC manual except for the 7-leave day maximum rule.

3.4.3 Non-returned from leave

A consumer who goes on leave but does not return within the 42-day limit is to have their episode of residential care ended on the date that they left the facility. The mode of separation (discharge status) for these episodes is to be recorded as '09 - Non-return from leave'.

3.5 Calculation of length of stay (LOS)

Calculation rules for length of stay (also referred to as an occupied bed day) for residential mental health care facilities are consistent with the rules in the QHAPDC manual except for the 7-leave day maximum rule.

3.6 Same day consumers

On rare occasions, a residential mental health care facility may have a same day consumer. A same day consumer is where a person's episode of residential mental health care starts and finishes on the same day. This consumer must:

- have had an intended stay of one night or more
- have been registered as a consumer at the facility
- meet the minimum criteria for care
- have undergone a formal process for the commencement of care
- have been separated prior to midnight on the day the episode started.

Note: For the purposes of the RMHCDC, same day consumers are assumed to be intended overnight stay consumers who were separated, died or were transferred on their first day in the facility. **A special account class exists within HBCIS that should be used for these consumers – GPMLSSD.**

Additional information is provided in section [4.3.1 Same Day Billing](#) of this manual.

4. REPORTING GUIDELINES

4.1 Consumer (patient) details

Please refer to section 6. Patient Details of the [QHAPDC manual](#) for information on reporting patient details. The following supplementary information is to be read in conjunction with the contents of the QHAPDC manual.

4.1.1 Address of usual residence

A patient may have one address or many addresses. For reporting purposes, the **permanent residential address** is the address extracted via the HQI. Residential addresses that reference a post office (PO) box **will not be accepted**.

The Australian Bureau of Statistics defines 'usual place of residence' as:

'the place where the person has or intends to live for 6 months or more, or the place that the person regards as their main residence, or where the person has no other residence, the place they currently reside' (in this case the residential mental health care facility).

In the absence of a home address (i.e. the consumer is awaiting public housing) the address of usual residence may be reported as the address of the residential mental health care facility for episodes where the consumer stay extends across reporting periods (financial year), or for a transfer to another facility where a consumer is expected to return to this facility within 42 days.

Where the consumer episode of residential mental health care is ended (formally discharged), the address of usual residence should be the address to which the consumer is going.

The address of usual residence should be recorded following the guidelines provided in the [QHAPDC manual](#).

The RMHC NMDS requires, as a minimum, episode details including episode start and end dates and times, source of referral, referral to further care, legal status and diagnosis details. The RMHCDC has been expanded to include further details collected within QHAPDC including admission details, leave activity, morbidity details and mental health details. Guidelines for providing these details are available in the [QHAPDC manual](#).

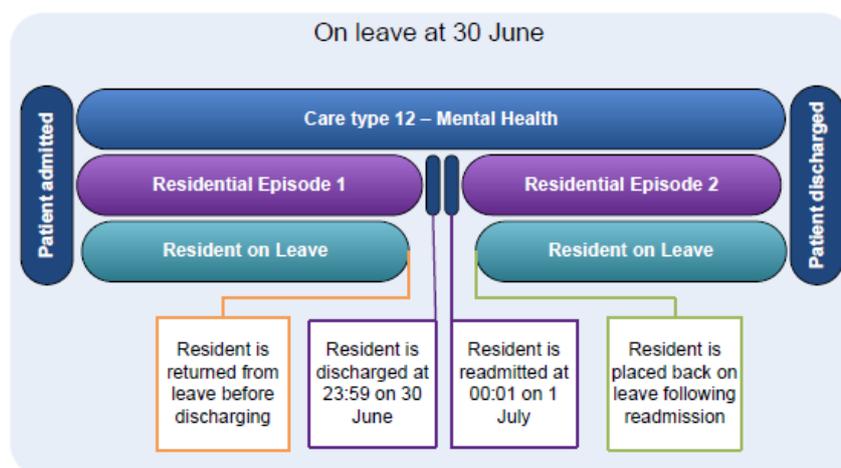
4.2 Change of reference period

All consumers remaining in residential mental health care facilities across financial years (reporting periods) must have their episode administratively ended at 11:59pm on 30 June, using the mode of separation (discharge status) code '32 - Change of Reference period'. A new residential mental health care episode should then be started using source of referral / transfer (admission source) code '32 - Change of Reference period' at 00:01 on 1 July. This includes consumers who were admitted on 30 June.

All mental health details for a consumer should be copied to the new episode from the previous episode. These details should be prefilled on the new episode in HBCIS. Note that the mental health data item 'referral to further care' should be coded as '98 - Not applicable' for end of financial year (reporting period) discharges.

Consumers who are on leave at 30 June should be returned from leave (administrative process only) at one minute prior to have their episode administratively ended (i.e. returned from leave at 11:58 pm, administratively ended at 11:59 pm).

These consumers should then have a new residential care episode started using source of referral / transfer (admission source) code '32 - Change of Reference period' at one minute past midnight on 1 July. Once the new episode is created, these consumers should be placed back on leave a minute later at 00:02. The estimated date of return should be recorded as per the agreed clinical decision (maximum 42 days total period).



4.3 Chargeable status

Consumers may choose to be treated as a public or private consumer, although in residential mental health care facilities they will be considered public due to:

- consumers not having access to private doctors of their choice; and
- private health insurance in Australia does **not** cover residential mental health care that takes place in facilities not considered declared hospitals.

A public consumer who is allocated single room accommodation is still a public consumer.

Consumers who are being treated by a private clinician outside the facility should be considered public consumers for the purposes of treatment within the facility.

Fees and charges

The fees chargeable to consumers are set under the Queensland Health, Health Services Directive (QH-HSD-045:2016) and detailed in the Fees and Charges Register see: <https://www.health.qld.gov.au/directives/html/a#f>

The principles of the Health Services Directive (HSD) are that the fees and charges be applied consistently and in a transparent way across all HHSs. The HSD also stipulates that fees raised do not exceed the amounts contained in the Queensland Health Fees and Charges Register.

Should it be determined, having assessed a consumer as being in circumstances of financial hardship, that fees be charged at a lower rate or waived, the processes in the local HHS Financial Management Practices Manual (FMPM) should be followed.

Medicare eligible

The Medicare eligibility of a patient depends on residency and other factors.

For further information see:

<https://www.humanservices.gov.au/individuals/services/medicare/medicare-card>

Fees applicable to residential mental health care consumers are found in Section C of the Fees and Charges Register. These fees are the patient's contribution to their care and all except partial fees are based on a percentage of the pension.

Department of Veterans' Affairs (DVA)

Queensland Health and the DVA value the importance of Entitled Persons, and to the greatest extent possible, will ensure Entitled Persons have timely access to high quality treatment services.

Entitled Persons are consumers who hold either a Gold or White card. For more information in relation to DVA card holders in residential mental health care settings, please contact the DVA on 1300 550 457 (metropolitan) or 1800 550 457 (non-metropolitan).

A daily care fee (to contribute to their residential mental health care) may be required to be paid by the consumer.

Compensable

The National Health Reform Agreement defines a 'compensable consumer' as:

An eligible person who is;

- *Receiving public hospital services for an injury, illness or disease; and*
- *Entitled to receive or has received a compensation payment in respect of an injury, illness or disease; or if the individual has died.*

Follow local HHS processes for claiming against these insurers.

Medicare Ineligible

An ineligible consumer is someone who does not hold a valid Medicare card.

4.3.1 Account class

The account class code identifies the billing classification of the consumer, i.e. it determines the consumer's daily bed charge.

The account classes relevant for mental health consumer receiving residential mental health care are:

HBCIS Account Class	Account Class Code	Account Class Description
Public	GPMLS	Gen Public Mental Health Long Stay And Over 21 ETF – Public
	GPMLSSD*	Gen Public Mental Health Long Stay And Over 21 ETF – Public Same Day (CCU use only) Note: GPMLSSD account class code commences from 1 July 2018
	GPMLSDVA	Gen Public Mental Health Long Stay - DVA
	GPMLSU21	Gen Public Mental Health Long Stay – U21 and U21 ETF – Public
	GPETFU18	Extended Treatment Facility – U18
Partial	GPMLSP	Gen Public Mental Health Long Stay Partial and ETF – Partial
	GPMLSPDVA	Gen Public Mental Health Long Stay DVA - Partial
Ineligible	GPI	Medicare Ineligible
	GPILS	Medicare Ineligible Long Stay Note: HBCIS currently does not allow the coding of GPILS with a care type of 12 (Mental Health). This issue will be resolved in the October 2018 HBCIS release.

4.4 Source of referral/transfer (admission source)

The source of referral / transfer (admission source) captures the referral point for a consumer immediately before the start of their residential mental health care episode.

All consumers remaining in residential mental health care facilities across financial years (reporting periods) must have their episode administratively ended. Refer to [‘Change of Reference Period’](#) in this manual for further details.

Note: The source of referral / transfer (admission source) codes ‘24 - Admitted patient transferred from another hospital’ and ‘06 - Episode change’ are **not** valid for use by a residential mental health care facility, refer to section [‘4.12.1 Admitting consumers to a residential mental health care facility from hospital’](#) for further details.

4.5 Care type

The term ‘care type’ refers to the nature of the treatment / care provided to a consumer during an episode of care. For all residential mental health care facilities, care type should be assigned as ‘12 – Mental Health Care’. Refer to section 7.15 Care Type of the [QHAPDC Manual](#) for definitions.

- Source of referral / transfer (admission source) code ‘24 - Admitted patient transferred from another hospital’ is used for hospital to hospital transfers for continuation of admitted patient care or treatment.
- When a consumer is transferred in from a hospital to a residential mental health care facility, the source of referral / transfer (admission source) to be used is code ‘25 - Non-admitted patient referred from another hospital’ (see [section 4.4](#) for further details)
- Source of referral / transfer (admission source) ‘06 - Episode change’ should not be used by residential mental health care facilities, as this code relates to a change in care type.
- As consumers in a residential facility should only have care type ‘12 - Mental Health Care’, there will be no change in care type during a residential mental health care episode.

4.6 Planned same day

As residential mental health care is intended to be provided on an overnight basis, the Planned Same Day flag should be coded as ‘No’. On occasions, a consumer may stay for a single day. In this circumstance, the same day account class code should be used and the Planned Same Day flag be set to ‘No’.

4.7 Standard unit code

The following standard unit codes are relevant for residential mental health care facilities:

HBCIS Facilities	Code	Description
	PYSA	Psychiatric Adult Step Up Step Down
	PYSY	Psychiatric Young Persons (Youth) Step Up Step Down
	PYRA	Psychiatric Adult Residential (CCUs)

The code that best describes the service provided by the residential mental health care facility should be selected.

Code PYRA Psychiatric Adult Residential (CCUs)

Specialised residential mental health units principally targeting the general adult population (aged 18-64 years). These units provide medium to long-term 24-hour clinical care and supervised residential rehabilitation for adults whose level of mental illness and disability requires a structured living environment. These units are residential in nature and may be delivered in a collaboration between clinical and community support services. The facility is situated in the community providing a multidisciplinary service that supports consumers to acquire and maintain daily living skills, increase capacity and confidence to function within and return to the community.

Code PYSA Psychiatric Adult - Step Up Step Down

Subacute specialised residential mental health units principally targeting the general adult population (aged 18-64 years). These units provide short term (up to 28 days) 24-hour care for adults whose level of mental illness requires higher intensity of treatment and care to reduce symptoms and / or distress that cannot be adequately provided in the person’s home but does not require the treatment intensity provided by an acute inpatient unit. These units are residential in nature and may be delivered in a collaboration between clinical and community support services. The facility is situated in the community providing a multidisciplinary service that supports consumers to acquire and maintain daily living skills, increase capacity and confidence to function within and return to the community.

Code PYSY Psychiatric Young Persons (Youth) - Step Up Step Down

Subacute specialised residential mental health units principally targeting the general young persons population (aged 16-21years). These units provide short term (up to 28 days) 24-hour mental health care for young people whose level of mental illness requires higher intensity of treatment and care to reduce symptoms and / or distress that cannot be adequately provided in the young person’s home but does not require the treatment intensity provided by an acute inpatient unit. These units are residential in nature and may be delivered in a collaboration between clinical and community support services. Situated in the community providing a multidisciplinary service that supports young people to stabilise and manage symptomatology and engage or re-engage in positive and supportive social, family, educational and vocational connections, to support the young person to return to their home and community.

4.7.1 Standard ward code

The standard ward code relevant for residential mental health care facilities is MENR (Specialised Mental Health Residential). All episodes should be reported with this standard ward code.

4.8 Mode of separation (discharge status)

The mode of separation (discharge status) captures the place to which a consumer is referred or reason why an episode of residential mental health care has ended.

All consumers remaining in residential mental health care facilities across financial years (reporting periods) must have their episode administratively ended. Refer to [‘Change of reference period’](#) in this manual.

Note: Consumers in residential facilities should only have care type ‘12 - Mental Health’.

The following mode of separation (discharge status) code is not valid for use by a residential mental health care facility:

- Mode of separation (discharge status) ‘06 - episode change’ should not be used by residential mental health care facilities, as this code relates to a change in care type. As consumers in a residential facility should only have care type ‘12 - Mental Health’, there will be no change in care type during an episode. Where the consumer’s care enters a new phase, this should be captured as a change to the mental health phase of care.

4.9 How to record leave

Leave is when the consumer leaves the residential facility for a period of not more than 42 days, and intends to return to the facility to continue the current course of treatment.

If a consumer goes on leave and does not return within the 42-day limit, the leave record should be removed and the episode of residential mental health care ended on the day the leave commenced.

Where a consumer is on leave at the end of the reporting period (financial year), and does not return from leave in the new reporting period (financial year):

- the leave record for the episode in the new reporting period should be deleted, along with the episode
- the leave record in the previous reporting period should be removed; and the consumer episode of residential care should be ended on the date they went on leave.

If the consumer subsequently returns to the residential mental health care facility after a non-return from leave, a **new** episode of residential care is to be recorded.

Note: Leave should only be reported if the consumer is absent from the facility at midnight. If a consumer goes on leave and returns in the same day, this is not included in the calculation of leave days.

A consumer who is transferred to a hospital for admission, should have their residential mental health care episode ended with a mode of separation (discharge status) code ‘16 - Hospital transfer’. If they return, a new residential mental health care episode should be created with a source of referral / transfer (admission source) code ‘25 - Non-admitted patient referred from another hospital’. This business process should be followed irrespective of whether the consumer is intended to return to continue the current course of treatment / rehabilitation.

Note: In the case where a consumer goes on leave and does not return, the leave record should be deleted and the consumer should have their episode of residential mental health care ended on the date the leave commenced with the relevant mode of separation (discharge status) (that is, they should **not** be coded as a non-return from leave).

4.10 Morbidity details

Morbidity details include the recording of codes for diagnoses (disease), chronic conditions, signs and symptoms, abnormal findings, social circumstances, external causes of injury or disease, morphology and procedural information in relation to a consumer's episode of residential mental health care are to be provided following the guidelines set out in the [QHAPDC manual](#).

4.11 Mental health details

These details should be captured for all consumers in residential mental health care facilities. Most mental health details are captured only once during the episode. The mental health details include:

- The type of usual accommodation prior to the commencement of residential mental health care.
- The self-reported employment status of the consumer immediately prior to the commencement of residential mental health care.
- The pension status of the consumer prior to the commencement of residential mental health care.
- Whether the consumer has previously been admitted to an acute or psychiatric hospital for psychiatric care prior to the commencement of residential mental health care. **Note:** This does not include previous entry into a residential mental health care facility.
- Where the consumer has been referred to for care after the residential mental health care episode has been completed.
- The legal status of the consumer indicating if their treatment was involuntary at any time during the residential mental health care episode.
- Whether the consumer has received any previous non-admitted treatment for a mental health condition prior to entry to the residential mental health care facility. **Note:** This includes previous residential mental health care.

Further details on the end of reporting period processes can be found at [Appendix B](#).

Details for recording *Referral to further care* are listed below. All other mental health details are to be provided following the guidelines set out in the [QHAPDC manual](#).

Note: When a consumer episode of residential care is ended due to remaining in over financial years, the mental health details for the new episode should be recorded as the **same as the previous episode**, to ensure continuity across the residential stay.

4.11.1 Referral to further care

Where a consumer has been referred to more than one type of ongoing care, the principal provider of continuing care should be entered, that is, the person or facility who is primarily responsible for managing the consumer's ongoing care.

All Facilities	Record the following codes to indicate the place to which the patient is referred	
	Code	Description
	01	Not referred
	02	Private psychiatrist
	03	Other private medical practitioner
	04	Mental health/alcohol and drug facility - admitted patient
	05	Mental health/alcohol and drug facility - non-admitted patient
	06	Acute hospital - admitted patient
	07	Acute hospital - non-admitted patient
	08	Community health program
	09	General Practitioner
	10	Residential mental health care facility
	29	Other
98	Not applicable	

Code 01 Not referred

Used for consumers who were not referred to further care. This includes consumers who left against medical advice or did not return from leave and therefore did not receive any referrals for ongoing care. **Note:** consumers who died during their care should be coded as '98 Not applicable'.

Code 02 Private psychiatrist

Used for consumers who will receive ongoing care from a private psychiatrist. This includes consumers who were receiving care from a private psychiatrist during their residential care, and intend to continue receiving care from the private psychiatrist following their exit from residential mental health care.

Code 03 Other private medical practitioner

Used for consumers who will receive ongoing care / management from a private medical practitioner who specialises in a field other than psychiatry and is not practising as a general practitioner.

Code 04 Mental health / alcohol and drug facility – admitted patient

Used for consumers who are referred to a designated specialised mental health facility or a specialised alcohol and drug treatment facility. This includes specialised mental health units in acute hospitals, and psychiatric hospitals.

Consumers who are transferred to a designated specialised mental health facility for treatment of an acute mental health condition, and are expected to return to the

residential facility, should have their further care coded as 04, regardless of any other ongoing care they may be receiving.

Code 05 Mental health / alcohol and drug facility – non-admitted patient

Used for consumers who are referred to a specialised mental health facility or a specialised alcohol and drug treatment facility. **This includes outpatient or ambulatory programs run out of specialised units in acute hospitals or psychiatric hospitals, and services provided through a community mental health service or a community alcohol and other drug treatment service.**

Code 06 Acute hospital – admitted patient

Used for consumers who are referred or transferred to an acute hospital for an acute condition. This includes consumers receiving care for a mental health condition in a hospital that does not have a designated specialised mental health unit, and consumers receiving care for a non-mental health condition.

Code 07 Acute hospital – non-admitted patient

Used for consumers who are referred to an outpatient or ambulatory program run from an acute hospital. This includes consumers receiving care for a mental health condition in a hospital that does not have a specialised mental health service, and consumers receiving care for a non-mental health condition.

Code 08 Community health program

Used for consumers who are referred to a community health program that is not a specialised community mental health service or a specialised community alcohol and other drug treatment service.

Code 09 General practitioner

Used for consumers who will receive their ongoing care / management from a general practitioner, or a specialist practising as a general practitioner. This does not include registered psychiatrists.

Code 10 Residential mental health care facility

Used for consumers who are transferred to another facility that meets the criteria for a residential mental health care facility, that is another Community Care Unit, Step Up Step Down Unit or a Youth Residential Rehabilitation facility. If the other facility does not meet the criteria for a residential mental health care facility, referral to further care should be coded as '29 Other'.

Code 29 Other

Used for all care that does not meet the conditions of other codes. This includes referral to facilities managed by private or charity based organisations. It also includes referrals to private allied health practitioners, including private psychologists.

Code 98 Not applicable

This code should be used for ending residential mental health care episodes remaining in over reporting periods (financial year), or where a consumer died during residential care.

4.12 RMHCDC Business Rules Reference Guide

4.12.1 Admitting consumers to a residential mental health care facility from hospital

For patients starting a residential mental health care episode referred / transferred from a hospital, the following details should be used:

HBCIS Items	Details
Admission date	Date resident was admitted to the residential mental health care facility
Admission time	Time resident was admitted to the residential mental health care facility
Admission source	25 – Non-admitted patient referred from another hospital
Extended source	Facility ID of hospital the patient is transferring from

4.12.2 Transferring residential mental health care consumers to hospital

For consumers discharged from a residential mental health care facility for the purpose of accessing hospital based treatment (for either mental health reasons or to address physical health issues), the following discharge details should be used:

HBCIS Items	Details
Discharge date	Date resident was discharged from residential mental health facility
Discharge time	Time resident was discharged from residential mental health facility
Discharge code	16 – Hospital transfer
Destination	Facility ID of hospital the patient is transferring to
Referral to further care	04 - Mental health / alcohol and drug facility – admitted patient OR 06 - Acute hospital - admitted patient

4.12.3 Transferring residential mental health care consumers to a different residential mental health care facility

For consumers discharged from a residential mental health care facility for the purpose of other residential mental health care treatment the following discharge details should be used:

HBCIS Items	Details
Discharge date	Date resident was discharged from residential mental health facility
Discharge time	Time resident was discharged from residential mental health facility
Discharge code	31 – Residential mental health care
Destination	Facility ID of residential care facility the patient is transferring to
Referral to further care	10 – Residential mental health care facility

Abbreviations

Abbreviation	Description
AIHW	Australian Institute of Health and Welfare
CCU	Community Care Unit
CMO	Community Managed Organisation
CRDS	Corporate Reference Data System
DoH	Department of Health
DVA	Department of Veterans' Affairs
ETF	Extended Treatment Facility
EVA Plus	Electronic Validation Application
EX	External Cause
HBCIS	Hospital Based Corporate Information System
HHS	Hospital and Health Services
HQI	Homer Queensland Interface
ID	Identifier
ICD-10-AM	International Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification
IHPA	Independent Hospital Pricing Authority
METeOR	Metadata Online Registry
MHAODB	Mental Health Alcohol and Other Drugs Branch
MHSO	Mental Health Service Organisation
NMDS	National Minimum Data Set
OD	Other Diagnosis
PD	Principal Diagnosis
PEF	Patient Election Form
PR	Procedure
QHAPDC	Queensland Hospital Admitted Patient Data Collection
QHEPS	Queensland Health Electronic Publishing Service
RMHC	Residential Mental Health Care
RMHCDC	Residential Mental Health Care Data Collection
SCT	Systems and Collections Team, Mental Health Alcohol and Other Drugs Branch
SUSDU	Step Up Step Down Unit

Appendix A: List of Residential Mental Health Care Facilities in Queensland

The following facilities meet the criteria for a residential mental health facility, and are in scope for the RHMDC in 2018/2019.

HHS	Residential Facility ID	Residential Facility	Facility Type
Cairns and Hinterland	82008	Cairns Community Care Unit	
	83004	Cairns Youth Step Up Step Down Unit	
	83001	Cairns Adult Step Up Step Down Unit	
Central Queensland	82010	Rockhampton Community Care Unit	
	83004	Central Queensland Step Up Step Down Unit	
Darling Downs	82009	Toowoomba Community Care Unit	
Mackay	83000	Mackay Step Up Step Down Unit	
Metro North	82001	Pine Rivers Community Care Unit	
	82002	Redcliffe-Caboolture Community Care Unit	
	82003	Somerset Villas Community Care Unit	
Metro South	82000	Coorparoo Community Care Unit	
	82005	Bayside Community Care Unit	
	82006	Logan Community Care Unit	
	83002	Acmena House (to be confirmed)	
Sunshine Coast	82004	Mountain Creek Community Care Unit	
West Moreton	82011	Gailes Community Care Unit	
Wide Bay	82007	Wide Bay Community Care Unit	
	83003	Wide Bay Step Up Step Down Unit	

Appendix B: End of reference period processing

The end of reference period process for residential mental health care facilities relies on specific dates and it is important that these steps are followed carefully.

It is recommended that these processes are actioned as close as possible following 1 July as any delay may cause increased workload implications such as the need to reverse progressive billing.

Pre-processing activities

Prior to processing the end of reference period end it is advisable to run the following reports, and remedy any anomalies:

- RMHC Incomplete MH Details Report (QLD)
Use this report to update any missing details from the mental health screen.
- RMHC Reference Period 'Remaining In' Report (QLD)
Use this report to identify consumers remaining in residential mental health care facilities across financial years

Consumers who are on leave at 30 June should be returned from leave (administrative process only) at one minute prior to have their episode administratively ended (i.e. returned from leave at 11:58 pm).

Mode of separation '32 - Change of reference period'

Menu Path

Admissions, Transfers and Discharges Main Menu > Inpatient Management Menu > Entry and Enquiry Menu > Patient Discharge

All consumers remaining in residential mental health care facilities across financial years (reporting periods) must have their episode administratively ended at 11:59pm on 30 June, using the mode of separation '32 - Change of reference period'.

Patient Discharge Screen:

The screenshot shows a terminal window titled 'DB2 LOGON-TEST' with a 'PATIENT DISCHARGE' form. The form includes fields for Patient Number (003980-1), Admitted date (28 JUN 17 09:00), Discharge Date (30 JUN 17), Discharge Time (23:59), Discharge Code (32 CHANGE OF REFERENCE), and Readmit status (Y). A table at the bottom shows financial details like 'Balance Brought Forward' and 'Accommodation Total'.

The fields in the table below are to be completed for a statistical discharge.

HBCIS Item	Code	Details
Field 02	30 Jun	Discharge date must be '30 Jun YY'
Field 03	23:59	Discharge Time must be 23:59
Field 05	32	Discharge Code Change of Reference Period
Field 06	Y	Must readmit with 32 following Discharge type 32
Field 07	Destination	Facility code of the residential mental health care facility

On filing this screen, HBCIS will automatically trigger the creation of a new residential mental health care episode with a source of referral '32 - Change of Reference period' at 00:01 on 1 July.

Menu Path

(Not required if processing following discharge code 32.)

HBCIS will automatically trigger the creation of a new residential mental health care episode following a mode of separation type of 32 and will pre-populate a number of fields on the patient admission screen. However, it is important to check the details and complete the remaining fields.

Patient Admission Screen 3

DB2 LOGON-TEST

File Edit Connection Options Help

ADM2.S387 PATIENT ADMISSION 427 LOGON-TEST

Patient Number 01 003980-2 Family Name 02 TEST RMHC Given Names 03 TAM

Date of Birth 04 01 JAN 1981 Sex 05 F

ADMISSION DATA

71 Gen/Maternity G 72 Pub/Priv/Share P
73 Account Class E GENERAL PUBL 74 Billing Method 0 Public Secto

75 Admission Date 01 JUL 17 76 Admission Time 00:01

Discharge Date Discharge Time

77 Incident Date 78 Exp. Dis. Date

79 Admission Source 32 CHANGE OF REFEREN 80 Extend. Source

81 Adm. Trf. Type 82 Admission Type 12 MENTAL HEAL

83 Adm. Status 2 ELECTIVE ADMISSIO 84 EARF No.

85 Planned Same Day N

86 Other Hospital 87 Days C/Forward 2 88 Rel.

89 Treating Doctor 47 BALKEY 90 Admission Unit RMHC RESIDENTI

91 Admission Ward RMHC RESIDENTIAL ME 92 Admission Bed 1

Enter Field Number or Code Filed []

~ \| 69+ END OFF

A number of fields will be pre-populated with information from the previous episode of residential care and some fields will require completion.

HBCIS Item	Code	Details
Field 01-74	Pre-Populated	As per the prior episode or
Field 75	01 Jul YY	Admission time must be 01 Jul
Field 76	00:01	Admission time must be 00:01
Field 79	32	Admission Code must be Change of Reference Period
Field 82	12	Must be care type 12
Field 83	Pre-Populated	As per the prior episode
Field 85	Pre-Populated	As per the prior episode
Field 89-92	Pre-Populated	As per the prior episode

On filing this screen, HBCIS will prompt the user for additional data to be updated.

Patient Admission Screen 4

Admission Data for completion

On filing this screen HBCIS will prompt for user to update the Mental Health Details for the consumer. Enter 'Y' for Yes

Mental Health Details Screen

Field 06-08 for completion

The fields outlined in the following table will not be prefilled during the automated HBCIS functionality and will require completion prior to formally ending the residential mental health episode of care.

HBCIS Item	Code	Recommended Data
Field 06		As per prior episode
Field 07		To be updated at the end of episode
Field 08		As per prior episode

On filing this screen, HBCIS will return the user to the Patient Discharge screen to process the next consumer record.



Manually processing the end of reference period

If the end command is executed at any stage during the steps detailed above the automated process will cease.

If this occurs it will be necessary to follow the process without the automated HBCIS functionality (i.e. manually).

End of reference period processing when the consumer is on leave

Consumers who are on leave at 30 June should be returned from leave (administrative process only) at one minute prior to have their episode administratively ended (i.e. returned from leave at 11:58 pm).

The steps below are to be used in conjunction with the steps detailed in the [‘End of reference period process’](#) section of this appendix.

1. Returning a resident from leave



It is important to take note of the leave details prior to returning the consumer from leave. These details will be required when placing the consumer back on leave for the remainder of the leave period.

Return the consumer from leave by entering the following details into the Patient Leave screen.

HBCIS Item	Code	Details
Field 02	30/06/YY	The date must be 30 June
Field 03	23.58	The time must be 23.58

2. Complete the end of reference period process

3. Placing the consumer back on leave

Place the consumer back on leave by entering the following details in the Patient Leave screen.

DB2 LOGON-TEST

File Edit Connection Options Help

ADM2.S7 PATIENT LEAVE 427 LOGON-TEST

01 Patient Number 003980-2 TEST RMHC, TAM Sex F
Admitted 01 JUL 17

02 Leave/Return Date 01 JUL 18 03 Leave/Return Time 00:02
04 Exp. Return Date 01 SEP 18 05 Exp. Return Time 16:00
06 Leave Category P > 24HRS 07 Leave Type S SCHEDULED
08 Destination 09
10 Contract Patient Number

Page 1 of 0

Leave Date and Time	Return Date and Time	Leave Category	Leave Type

Enter Field Number or Code Filed 166000 [25 MAY 18 11:46]
[21] Field '08' cannot be altered.

~ \| 69+ END OFF \| * 0 ! ^ LIST BACK

HBCIS Item	Code	Details
Field 02	01/07/YY	The date must be 1 July
Field 03	00.02	The time must be 00.02
Field 04	DD/month/YY	Enter the original expected return date
Field 05	HH:MM	Enter the original expected return time
Field 06	P	Leave periods greater than 42 days require a leave category code of P
Field 07	S	Scheduled Leave
Field08-10		Re-enter the original values

RMHC Incomplete MH Details Report (QLD)

Menu Path

Admissions, Transfers and Discharges Main Menu > Inpatient Management Menu > Additional Reports Menu > RMHC Incomplete MH Details Report (QLD)

A new option has been added to the Additional Reports Menu to identify current residential mental health care consumers where their mental health details are incomplete or missing (fields 02 through 06).

The report will print with a page per residential mental health care facility that contains data, if the report contains no data it will print with 'NOTHING TO REPORT' in the report line.

```

11:58 01 JUN 18 DB2 - FUTURE RELEASE - TEST Page 2
(ADM2.P826) RMHC INCOMPLETE MH DETAILS REPORT as at 01 JUN 18 442 LOGON-TEST
Facility: 82008 CAIRNS COMMUNITY CARE UNIT

Patient
Number      Patient Name      Adm. Type      <--Admission-->
              Date              Time           Ward           Unit
003966-2    MAR, NEW TEST 8   12 MENTAL HEALTH C 03 JUL 17 15:01 RMH2 PYSY PSYCHIATIRC YOUNG PE
003976-1    TEST, RMH2        01 ACUTE CARE     01 JUN 17 10:09 RMH2 PYSY PSYCHIATRIC ADOLESC
  
```

RMHC Reference Period 'Remaining In' Report (QLD)

Menu Path

Admissions, Transfers and Discharges Main Menu > Inpatient Management Menu > Additional Reports Menu > RMHC Reference Period 'Remaining In' Report (QLD)

A new option has been added to the Additional Reports Menu to identify residential mental health care consumers who have not had their end of reference period processing completed. This new report will return any consumers with an open episode of residential mental health care where their start date is in the prior financial year.

The report will print with a page per residential mental health care facility that contains data, if the report contains no data it will print with 'NOTHING TO REPORT' in the report line.

```

11:48 01 JUN 18 DB2 - FUTURE RELEASE - TEST Page 1
(ADM2.P825) RMHC REFERENCE PERIOD 'REMAINING IN' REPORT as at 01 JUN 18 442 LOGON-TEST
Facility: 82000 COORPAROO COMMUNITY CARE UNIT

Patient
Number      Patient Name      Adm. Type      <--Admission-->      On Leave
              Date              Time           Ward           Unit           Date
003911-1    RMHC, BILL        12 MENTAL HEALTH C 15 JUN 17 08:08 COORP RMHC RESIDENTIAL MENTAL H
003912-1    RMHC, SMITH       12 MENTAL HEALTH C 20 JUN 17 08:10 COORP RMHC RESIDENTIAL MENTAL H
  
```