PMHA CDMS | THE CENTRALISED DATA MANAGEMENT SERVICE of the PRIVATE MENTAL HEALTH ALLIANCE

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Schedule for the Submission of data to the CDMS

Under the National Model participating Hospitals are requested to submit their data to the Private Mental Health Alliance's Centralised Data Management Service on a quarterly basis, with submissions generally being due no later than ten weeks following the end of the quarter. **Please submit your data by no later than the due date.**

Submission due dates

Period	*Due date*
1st quarter of 2014-2015 (1st July to 30th September 2014)	Friday 5th December 2014
2nd quarter of 2014-2015 (1st October to 31st December 2014)	Friday 6th March 2015
3rd quarter of 2014-2015 (1st January to 31st March 2015)	Friday 5th June 2015
4th quarter of 2014-2015 (1st April to 30th June 2015)	Friday 4th September 2015
1st quarter of 2015-2016 (1st July to 30th September 2015)	Friday 4th December 2015
2nd quarter of 2015-2016 (1st October to 31st December 2015)	Friday 11th March 2016
3rd quarter of 2015-2016 (1st January to 31st March 2016)	Friday 10th June 2016
4th quarter of 2015-2016 (1st April to 30th June 2016)	Friday 9th September 2016

The zipped and encrypted data file should be submitted as an attachment to an email addressed to the Director of the CDMS (allen.yates@pmha-cdms.com.au). The subject of the email should identify the Hospital and the Period covered by the submission. The body of the email should include the name and contact telephone number of the Hospital staff member responsible for the submission process.

Consequences of the late submission of data

Preparation of standard quarterly reports will begin in the last week of the month in which submissions are due. Submissions received after the beginning of the report preparation process will be included in the next quarter's report run. Data not submitted by the due date should be submitted at the earliest opportunity thereafter, regardless of how late that may be.

Please note that each standard quarterly report provided to hospitals includes statistics for the current quarter and the current twelve months. The standard quarterly reports provided to health funds include statistics just for the current twelve months. So for example, the report for the quarter ending 31 December 2014 is based on all separations between 1 January 2014 and 31 December 2014.

Consequently, the CDMS cannot process data and prepare reports regarding a Hospital in a given quarter if the hospital's data for that quarter or an earlier quarter's data within the relevant twelve month period is missing.

Please also note that the CDMS is happy to accept revised submissions from participating Hospitals at any time, regardless of how far past the due date the period covered by the submission may be. Such revisions will be included in the next report run, with all reports affected by such revised submissions also being re-created.

This advisory notice effective 1st July 2014

About the submission process

The process of preparing data for submission to the CDMS requires that all data relevant to the Quarter be coded and entered. That data includes the HoNOS and MHQ-14 data collected under the National Model's Outcome Measures Protocol (OMP) and the HCP data based on the service utilisation and clinical data recorded in the Hospital's patient administration system (PAS).

Most participating Hospitals use the HSMdb software provided by the CDMS to record their OMP data, link it with HCP data extracted from the Hospital's PAS, and prepare that data for submission to the CDMS. Full instructions regarding the use of HSMdb for those purposes can be found in the latest revision of the ***HSMdb System User's Guide***. Section 3.1 of the Guide details the requirements for HCP data and then provides guidance on using HSMdb's HCP data import functions. Section 3.2 of the Guide provides guidance on the use of HSMdb in the preparation of an encrypted zip file for submission to the CDMS.

Ensuring data is collected in accordance with requirements

Standard Quarterly Reports from the PMHA's Centralised Data Management Service (CDMS) will include detailed analyses of the hospital's overall adherence to requirements of the data collection protocol. The reports will document completion rates for both the HoNOS and the MHQ-14 at each Collection Occasion in each Service Setting.

The following completion rates are expected:

- HoNOS — at least 95% complete at each occasion
- MHQ-14 — at least 85% complete at each occasion

These expected completion rates are based on the observed performance of the best performing hospitals. The less stringent requirement for the patient self–assessment measure is due to expectation that a certain proportion of patients are likely to be to distressed at admission to complete the measure. However, it is important that all staff understand that both measures are required and are equally important.

The strongest factors influencing completion rates, particularly of the self–assessment measures, are those that are under the hospital's control. Those key factors known to affect completion rates include:

- Clear support for the collection of the data is given by senior clinicians and management
- Unit managers are held accountable for data quality and completeness
- Thorough initial training and regular revision is provided to all clinical staff
- Well–designed processes have been implemented to ensure data is not missed.

Maintaining the validity of HoNOS ratings

The HoNOS is a clinician-completed rating scale. It is a summary of the clinical assessment of the patient's clinical status in the period being rated – either the two weeks prior to admission or the few days prior to discharge.

The quality of the ratings stands or falls on three things:

- The quality of the clinical assessment;
- The clinician's understanding of the HoNOS rating guidelines, particularly the Glossary, and;
- The care with which the clinician making the ratings uses those guidelines.

There are a number of common mistakes made when using the HoNOS – most of those mistakes stem from lack of attention to the guidelines. They almost all lead to under-rating, that is, scores being lower than one would expect given the patient's actual clinical profile. Detailed guidance regarding the rating of the HoNOS can be found in the section titled "Further advice regarding the use of the HoNOS", beginning on page 15 of the ***Guide for Hospital Staff***.

Help with data collection and submission

Copies of the above–mentioned documents (in PDF format) can be found on the Standard Quarterly Reports distribution CD. Alternatively, you may request copies by email from the Director of the CDMS.

If staff members of any participating Hospital need advice regarding any aspect of the data collection or submission process they should not hesitate to contact the Director of the CDMS, Allen Morris-Yates, by email to **allen.yates@pmha-cdms.com.au** or by phone on either **08 8278 5811** or **0417 268 386**.