



## PMHC-MDS User Documentation

The PMHC MDS User Documentation site has been divided into the roles available on the MDS. There are step by step instructions and screenshots to assist users with performing a specific task.

A Frequently Asked Questions guide is also available for each role.

Version 1.0.15

## Getting Help

A dedicated **Help Desk** is available to support Primary Health Networks and Provider Organisations implementing PMHC in relation to the minimum dataset system. All enquiries should be directed to: [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

As at 18 February, 2020

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## 1. Home, Sign-in & Passwords

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To use the PMHC MDS navigate to <https://pmhc-mds.net>.

The first page you will see is the **Home** page. The home page shows you the most recent announcements made via the [PMHC mailing list](#).



# Primary Mental Health Care Minimum Data Set

Home SLK

Sign In

## Home

The Primary Mental Health Care Minimum Data Set (PMHC MDS) will provide the basis for PHNs and the Department of Health to monitor and report on the quantity and quality of service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government.

For more information please visit [www.pmhc-mds.com](http://www.pmhc-mds.com)

## Announcements

### UPDATE regarding the Primary Mental Health Care Minimum Data Set - Request for nominations to be early adopters October 14, 2016

PMHC MDS Data Specifications Update v1.0.1 was released on October 6, 2016. This update includes the following changes: Episode - Principal Focus of Treatment Plan - Updated response 4 from 'Complex care package for adults' to 'Complex care package'. Episode - Source of Cash Income - Added 0 as a valid response. This is to be used when the client is aged less than 16 years. Added a field to all data items to specify whether a response value is required.

### Update to the PMHC MDS Data Specifications - 6/10/2016

The below circular was sent to PHN CEOs on Friday 14 October 2016. ----- Dear PHN CEOs The Primary Mental Health Care Minimum Data Set (PMHC MDS) will be available for all Primary Health Networks (PHNs) to commence uploading data in early December. Prior to this we are looking for between 5 and 10 PHNs to volunteer as early adopters.

### Primary Mental Health Care Minimum Data Set Circular September 28, 2016

Dear PMHC MDS Reference Group, Please find attached the Primary Mental Health Care Minimum Data Set (PMHC MDS) Circular, that was sent to PHN CEOs on Thursday 23 September 2016. This circular provides advice on the commencement and implementation arrangements for the PMHC MDS. This circular will also be available through the PHN website soon, at the following link: [Open URL]. Regards, Mental Health Data and Funding Section Mental Health Services Branch Health Services Division Department of Health

## Department of Health



PMHC-MDS managed by Strategic Data Pty Ltd | [Contact Support](#)

An announcements archive link is now available on the **Home** tab under the three most recent announcements - Click [View Archive](#) to view all the PMHC MDS announcements.

### 1.1. Accepting an invitation to become a PMHC MDS User

To become a PMHC MDS user you will be sent an invitation by email and a verification code via SMS. In order to gain access to the PMHC MDS you will need to accept this invitation within 7 days, by following these steps:

noreply@strategicdata.com.au

To: [REDACTED]

PMHC MDS Verification



Hello [REDACTED]

You have been invited to sign up by [REDACTED] and they will be notified once you complete the process.

Please verify your identity for the PMHC MDS authentication system.

Follow the link below, and then enter the code which has been sent to your mobile phone.

<http://auth.strategicdata.com.au/x/verify/E5CCF94F63C4FDE6A6EA4996>

If you can't click the link, please copy the entire link and paste it into your browser.

If you don't receive the SMS please contact [nobody@nowhere.com.au](mailto:nobody@nowhere.com.au).

Note that this invite will automatically expire after 7 days. If that happens, then the process will need to begin again.

Thank you.

1. Click on the link contained in the email. You will be shown a page where you will need to input the SMS you have been sent

## User Verification

Enter SMS code:

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2. Input your verification code
3. Click Submit
4. You will be prompted to enter a new password

*Please note: This is a single use token - please don't navigate away from this page until you have successfully set your password.*

# Activate account

Please enter a password

Passwords are to be:

- 13 or more characters with no complexity requirements, or
- a minimum of 9 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)
  - punctuation and special characters
- changed at least every 90 days
- changed by users no more than once a day
- not reused from any of the preceding eight changes

Password:  \* response required

Confirm password:  \* response required

**Submit**

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5. Enter your password
6. Confirm your password
7. Click **Submit**
8. Your account will be activated

# Activate account

Thank you FirstName1 Surname1, your Strategic Data account is now activated.  
Please proceed to the [Login page](#) now.

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9. Navigate to <https://pmhc-mds.net/> and follow the [Logging In](#) instructions

## 1.2. Logging In

After navigating to <https://pmhc-mds.net/>, click **Sign in**.

## Sign In

E-mail or username:

Password:

[Sign in](#)

[Forgot Password](#) | [Help](#)

This will open a window to log in. Enter your email address or username and then your password and click **Sign in**.

If it is your first time logging in, you will be asked to set a backup email address.

## Login to PMHC MDS successful.

Welcome FirstName Surname.

You do not have a backup email stored. This email is used to allow you to reset your password if you lose access to your primary account. It is advisable to set a backup email.

[Set a backup email now.](#)

[Continue to site.](#)

The backup email address is used when resetting your password. If you forget your password an email is sent to both your primary email address and your backup email address. This allows you to regain access to your account in the event that you no longer have access to your primary email address.

1. Click **Set a backup email now**
2. This will open the **Manage details** page

## Manage Details

[Profile](#)[Attributes](#)

You're currently enrolled in the following sites:

- PMHC MDS

Name:

FirstName Surname

[Change personal details](#)

## Manage Security Credentials

Username:

firstnames

Email Address:

firstname.surname@email.example.com

[Change email address](#)

Email address:

\* response required

[Submit](#)

Mobile Phone:

0401111222

[Change mobile phone number](#)

## Password lifetime

Last changed:  
Expires at:03 Nov 2016 03:41 UTC  
01 Feb 2017 03:41 UTC

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- Under **Manage Security Credentials** there is an 'Email address' field
- Enter your backup email, in the email address field, under **Manage Security Credentials**
- Click **Submit**

## Manage Security Credentials

Username:

firstnames

Email Address:

firstname.surname@email.example.com

[Change email address](#)

Your request to change your backup email address has been noted.  
An email has been dispatched to that address with details on how to confirm the change.  
Please follow the link in this email to complete your backup email update.  
If you don't receive that email then please check that the address was entered correctly. If the problem persists, please contact [nobody@nowhere.com.au](mailto:nobody@nowhere.com.au)

- You now need to confirm your email address. You will be sent an email to the address you specified and an SMS to the mobile phone number on record. Please follow the link in the email and enter the code that was sent to your mobile

# User Verification

Enter SMS code:

**Submit**

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7. Click **Submit**
8. Your backup email is now confirmed

## Confirm update email

FirstName Surname, your backup Strategic Data email has been updated.

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9. Navigate back to <https://pmhc-mds.net/> and sign in
10. The interface you will be able to access after login will depend upon the [Users Roles](#) you have been assigned

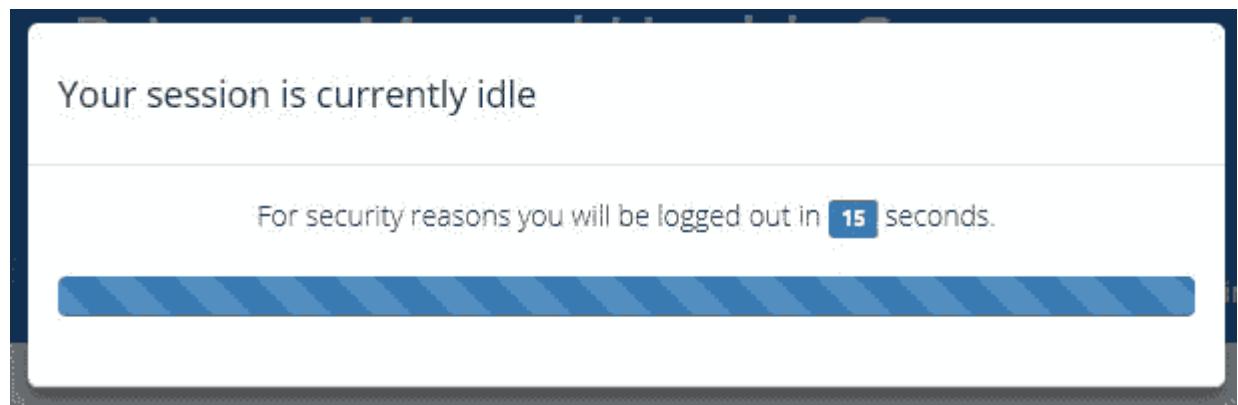
## 1.3. Logging Out

Logout by:

1. Clicking on the button to the right of the menubar that says **Logged in as [Name]**
2. Click **Logout** from the options that open

We strongly encourage users to logout when they have completed their tasks.

*Please note - the PMHC MDS will automatically log users out after 15 minutes of inactivity. You will see a pop up box that provides a countdown feature prior to automatically logging out the idle user.*



## 1.4. Updating your details

To edit your details:

1. Click the button to the right of the menubar that says **Logged in as [Name]**
2. From the menu that opens, click **Profile**
3. You will be taken to the Profile Management page
4. Login using your PMHC MDS email / username and password

The screenshot shows the "Login to Strategic Data Profile" page. At the top, there are "Login" and "Help" buttons. The main area has two input fields: "Email or Username:" and "Password:", each with a clear icon. Below these is a "Login" button. To the right of the "Login" button are three links: "→ Forgotten password", "→ Reset expired password", and "→ Request an account".

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5. You will see the **Manage Details** page

# Manage Details

Profile    Attributes

You're currently enrolled in the following sites:

- PMHC MDS

Name: FirstName Surname

[Change personal details](#)

## Manage Security Credentials

Username: firstnames  
Email Address: firstname.surname@email.example.com  
Backup Email Address: firstname.surname@backup.example.com  
Mobile Phone: 0401111222

[Change email address](#)  
[Change backup email address](#)  
[Change mobile phone number](#)

## Password lifetime

Last changed: 03 Nov 2016 04:31 UTC  
Expires at: 01 Feb 2017 04:31 UTC

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6. To update your name, click the [Change personal details](#) link
7. To update your primary email address, click the [Change email address](#) link
8. To update your backup email address, click the [Change backup email address](#) link
9. To update your mobile phone number, click the [Change mobile phone number](#) link
10. The last section on the page, **Password lifetime**, tells you when you last changed your password and when it will expire. Passwords must be changed every three months

### 1.5. Passwords Requirements

As required by the Australian Government's Protective Security Policy Framework passwords must be changed every three months. If you do not change your password it will expire and you will not be able to login to the system without resetting your password.

Passwords must be:

- 13 or more characters with no complexity requirements; or
- a minimum of 10 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)

- punctuation and special characters
- changed at least every 90 days;
- changed by users no more than once a day; and
- not reused from any of the preceding eight changes.

Please note: Users will be reminded via an email sent from [support@strategicdata.com.au](mailto:support@strategicdata.com.au) 14 days prior to their password expiry date, and on PMHC MDS login 7 days prior to their password expiry - See see [Password Expiry Notifications](#).

If a password expires the user will not be able to access the PMHC MDS until they reset their password - see [Forgotten or Expired Password](#).

## **1.6. Password Expiry Notifications**

As required by the Australian Government's Protective Security Policy Framework passwords must be changed every three months.

Users will be reminded via an email sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au) each day for 14 days prior to their password expiry date, and will also be reminded on PMHC MDS login 7 days prior to their password expiry.

It is quicker to reset your password before it expires. Passwords can be reset by clicking the password reset link, which will open <https://auth.strategicdata.com.au/>. This link can be accessed in one of two ways:

1. Either on the password reminder email; or

[support@strategicdata.com.au](mailto:support@strategicdata.com.au)

Password Expiry Reminder

To: [REDACTED]

Hello [REDACTED]

Your Strategic Data password will expire in 13 days.

This password provides you access to online services provided by Strategic Data Pty Ltd including the following

- \* PMHC MDS.

Please change your password at <https://auth.strategicdata.com.au/>

As required by the Australian Government's Protective Security Policy Framework passwords must be:

- \* 13 or more characters with no complexity requirements, or
- \* a minimum of 10 characters with at least 3 of the following character sets
  - \* lowercase characters (a-z)
  - \* uppercase characters (A-Z)
  - \* digits (0-9)
  - \* punctuation and special characters
- \* changed at least every 90 days
- \* changed by users no more than once a day
- \* not reused from any of the preceding eight changes

Please contact [support@strategicdata.com.au](mailto:support@strategicdata.com.au) if you have any questions or require assistance.

Thank you

2. Under the PMHC MDS login click the **Sign in** button.

## Login to PMHC MDS successful.

Welcome [REDACTED]

Your password will expire in 7 days.

[Change your password now.](#)

[Continue to site.](#)

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When your profile management page opens, you will be shown this screen:

## Change your password

Passwords are to be:

- 13 or more characters with no complexity requirements, or
- a minimum of 10 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)
  - punctuation and special characters
- changed at least every 90 days
- changed by users no more than once a day
- not reused from any of the preceding eight changes

Current Password   \* response required

Password:   \* response required

Confirm password:   \* response required

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**Please note:** If you see the message “Password unacceptably weak” after entering your new password, the password is not of sufficient complexity. Please check the password requirements. (Current users have indicated they find it easier to create a password that is 13 or more characters to avoid the complexity requirements). If you receive a message that your current password is incorrect, please reset your password through the link, [Forgotten or Expired Password](#).

1. Click **Submit**
2. You will receive confirmation when your new password has been successfully saved

Your new password has been saved.

It may take up to 5 minutes for your password to be updated on all the systems. Please change any stored passwords in email programs and or mobile devices.

3. Log out of the profile management page
4. Navigate back to the PMHC MDS <https://pmhc-mds.com/> and sign in

### 1.7. Forgotten or Expired Password

As required by the Australian Government’s Protective Security Policy Framework passwords must be changed every three months. If you do not change your password it will expire and you will not be able to login to the system without resetting your password.

If you have forgotten your password or it has expired:

1. Navigate to <https://pmhc-mds.net/> and click **Sign in**

2. Click Forgot Password

## Resetting password

This form is to be used to reset a forgotten password. Please enter your primary email address. An email with further instructions will be sent to the email addresses we have on file.

Email or Username

\* response required



I'm not a robot



Submit

3. You will be prompted to enter your email address or user name recorded for the PMHC MDS
4. Click the I'm not a robot checkbox
5. Click Submit
6. An email with further instructions will be sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au) to the email address the PMHC MDS has on file for the user. Additionally, if you have set a backup email, then an email will also be sent there. An SMS with a verification code will also be sent to the mobile phone number on record

## Resetting password

Thank you for requesting a password reset.

An email has been dispatched to your primary address with details on how to reset your password. If you have a backup address registered, then an email will also have been dispatched to it.

Please follow the link in this email to complete the process.

If you don't receive this email please contact [nobody@nowhere.com.au](mailto:nobody@nowhere.com.au).

7. Open the email sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au) and open the link in the email

noreply@strategicdata.com.au

PMHC MDS, PMHC MDS Verification

To: [REDACTED]

Inbox - strategicdata.com.au 5:08 pm



Hello [REDACTED]

Someone has requested a password reset on 2018-10-22, and so this email has been dispatched to all email addresses that are on record for your user.

Please verify your identity for the PMHC MDS, PMHC MDS authentication system.

Follow the link below, and then enter the code which has been sent to your mobile phone.

<https://auth.strategicdata.com.au/x/verify/E57665FD743AC55DC22CEE6C>

If you can't click the link, please copy the entire link and paste it into your browser.

If you don't receive the SMS please contact [support@strategicdata.com.au](mailto:support@strategicdata.com.au).

Note that this invite will automatically expire after 7 days. If that happens, then the process will need to begin again.

Thank you.

8. Enter the verification code you were sent via SMS

## User Verification

Enter SMS code:

Submit

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9. Click Submit

10. This will open the Password reset window

## Password reset

Passwords are to be:

- 13 or more characters with no complexity requirements, or
- a minimum of 9 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)
  - punctuation and special characters
- changed at least every 90 days
- changed by users no more than once a day
- not reused from any of the preceding eight changes

Please enter a new password:

Password:  \* response required

Confirm password:  \* response required

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11. Enter your new password
12. Confirm you new password
13. Click **Submit**
14. Your password will be reset

## Password reset

FirstName Surname, your Strategic Data password has been reset  
You may now log in using that password.

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15. Logout of the profile management page
16. Navigate back to <https://pmhc-mds.com/> and sign in

## 2. Organisations

- [Viewing a PHN](#)
- [Searching for a Provider Organisation](#)
- [Viewing a Provider Organisation](#)
- [Adding a Provider Organisation](#)
- [Editing a Provider Organisation](#)
- [Inactivate a Provider Organisation](#)
- [Viewing an inactive Provider Organisation](#)

- [Deleting a Provider Organisation](#)

You will be able to see the **Organisations** tab if you have been assigned the ‘Organisation Management’, or the ‘User Management’ role, when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you believe you should have access to an organisation and it doesn’t appear in your list please contact someone who has the ‘User Management’ role in that provider organisation or the provider organisation’s commissioning PHN.

If you are unsure who has the ‘User Management’ role please email the PMHC helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

After navigating to the **Organisations** tab, you will be presented with a list of top level organisations for which you have been assigned the ‘Organisation Management’ or the ‘User Management’ role.

The screenshot displays the 'Organisations' tab in the PMHC MDS application. At the top, there is a navigation bar with tabs for 'Home', 'Organisations' (which is selected and highlighted in blue), and 'SLK'. On the right side of the navigation bar, it says 'Logged in as PMHC Training'. Below the navigation bar, the breadcrumb navigation shows 'Home / Organisations'. The main content area is titled 'Organisations' and contains a sub-header 'Provider Organisations'. There is a link 'View Organisations' and several filter options: 'Filters', 'Show / Hide', and 'Organisation'. A checkbox 'Include inactive organisations' is checked. The main table lists one organization:

Name	Type	State	Start Date	End Date	Tags
Test PHN PHN999	Primary Health Network	VIC	01/06/2014	09/09/9999	TEST PHN for user traini...

At the bottom of the table, there are navigation icons for first, previous, next, last, and items per page (set to 10). The message '1 - 1 of 1 Items' is displayed. The footer of the page includes the Australian Government Department of Health logo and links to 'PMHC-MDS managed by Strategic Data Pty Ltd | Contact Support | Documentation'.

## 2.1. Viewing a PHN

You can view a PHN organisation's details through the **Organisations** tab, by following these steps:

1. Navigate to the **Organisations** tab
2. Click on the PHN name in blue text displayed within the table

The PHN organisation's details will be displayed, along with the **Provider Organisations** tab. If you have the 'User Management' role, a 'Users' tab listing the users that belong to this PHN will also be included.

The screenshot shows a web-based application interface for viewing PHN details. At the top, there is a navigation bar with links to Home, Organisations, PHN999, and View Details. Below this is a title section with a star icon and the text "PHN 'Test PHN'". A navigation bar below the title has two tabs: "Details" (which is selected) and "Provider Organisations". Under the "Details" tab, there is a "View Details" link. The main content area contains a table with the following data:

<b>Tags</b>	TEST PHN for user training purposes
<b>Organisation Path</b>	PHN999
<b>Name</b>	Test PHN
<b>ABN</b>	42072953425
<b>State</b>	VIC
<b>Start Date</b>	01/06/2014
<b>Organisation Key</b>	PHN999
<b>Legal Name</b>	Strategic Data Training PHN
<b>Type</b>	Primary Health Network
<b>End Date</b>	09/09/9999

## 2.2. Searching for a Provider Organisation

You can search for a provider organisation by sorting and filtering the provider organisations of a PHN. Follow these steps:

1. Navigate to the **Organisations** tab
2. Click the PHN name in blue text displayed within the table
3. Click the **Provider Organisations** tab

## ★ ? PHN 'Test PHN'

Details    Provider Organisations

[View Provider Organisations](#)    [Add Provider Organisation](#)

[Filters](#) | [Show / Hide](#) | [Provider Organisation](#)

[Include inactive organisations](#)

Name	Type	State	Start Date	End Date	Tags
Test Provider Organisation 1 PO1	General Medical Practice	NT	01/06/2014	09/09/9999	
Test Provider Organisation 2 PO2	Headspace Centre	ACT	01/06/2014	09/09/9999	
Test Provider Organisation PO3 PO3	Headspace Centre	NT	01/06/2014	09/09/9999	
ORGANISATION PHN999:PO4 PO4	General Medical Practice	VIC	01/06/2019	09/09/9999	
Test PO test	Community-managed C...	VIC	01/01/2019	09/09/9999	!nspt

[1](#) / [1](#)   [10](#) [▼ items per page](#)

1 - 5 of 5 Items

4. Sort the listed provider organisations by simply clicking on a column header of the **Provider Organisations** table. Alternately, you can click on the arrow beside a column header for more sort options, as follows:

- **Sort Ascending**
- **Sort Descending**
- **Remove Sort**
- **Hide Column**

You can also show or hide columns by unselecting and reselecting the items listed after pressing the **Show/Hide** button.

Details    Provider Organisations

[View Provider Organisations](#)    [Add Provider Organisation](#)

[Filters](#) | [Show / Hide](#) | [Provider Organisation](#)

[Include inactive organisations](#)

Name	Type	State	Start Date	End Date	Tags
Test Provider Organisation 1 PO1	General Medical Practice	NT	01/06/2014	09/09/9999	
Test Provider Organisation 2 PO2	Headspace Centre	ACT	01/06/2014	09/09/9999	
Test Provider Organisation PO3 PO3	Headspace Centre	NT	01/06/2014	09/09/9999	
ORGANISATION PHN999:PO4 PO4	General Medical Practice	VIC	01/06/2019	09/09/9999	
Test PO test	Community-managed C...	VIC	01/01/2019	09/09/9999	!nspt

[1](#) / [1](#)   [10](#) [▼ items per page](#)

1 - 5 of 5 Items

To filter the listed provider organisations:

1. Click the grey **Filters** button
2. Start typing in any of the column header edit boxes now displayed above the column headers
3. Click the blue **Apply** button

The screenshot shows a 'Select your filters:' dialog box. At the top are buttons for 'Filters', 'Show / Hide', and a help icon. Below are filter input fields: Name, Key, Type, State, Start Date, End Date, and Tags. A checkbox labeled 'Include inactive organisations' is present. At the bottom are 'Cancel' and 'Apply' buttons.

4. To remove the filters, click the black cross on the applied filter name or the **Clear all** button if more than one filter is applied

The screenshot shows a 'Filters:' section with applied filters 'Name : test' and 'End Date : 09/09/9999'. Below is a 'Clear all' button. The rest of the interface is identical to the previous screenshot.

## 2.3. Viewing a Provider Organisation

You can view a provider organisation's details through the **Organisations** tab, by following these steps:

1. Navigate to the **Organisations** tab
2. Click the PHN name in blue text displayed within the table
3. Click the **Provider Organisations** tab
4. Click the provider organisation's name from the **View Provider Organisations** table

## Provider Organisation "Test Provider Organisation 1" at PHN "Test PHN"

<a href="#">Details</a>	
<a href="#">View Details</a>	<a href="#">Edit Details</a>
<b>Tags</b>	
<b>PHN Name</b> Test PHN	<b>Organisation Key</b> PO1
<b>Organisation Path</b> PHN999:PO1	<b>Name</b> Test Provider Organisation 1
<b>ABN</b> 18123456789	<b>Legal Name</b> PHN999:PO1 Pty Ltd
<b>State</b> NT	<b>Type</b> General Medical Practice
<b>Start Date</b> 01/06/2014	<b>OMSSS Provider Organisation Email</b>
<b>End Date</b> 09/09/9999	

### 2.4. Adding a Provider Organisation

If you have the 'Organisation Management' role you can add provider organisations through the organisation tab by following these steps:

1. Navigate to the **Organisations** tab
2. Click the PHN name in blue text displayed within the table
3. Click the **Provider Organisations** tab
4. Click the **Add Provider Organisation** tab

Details    Provider Organisations

[View Provider Organisations](#)    [Add Provider Organisation](#)

**Note:** \* denotes a mandatory field

<b>Tags</b>	<input type="text" value="Add a tag"/>
<b>Organisation Path</b>	<input type="text" value="PHN999:"/>
<b>Name *</b>	<input type="text"/>
<b>ABN *</b>	<input type="text"/>
<b>State *</b>	<input type="text"/>
<b>Start Date *</b>	<input type="text"/> 
<b>Organisation Key *</b>	<input type="text"/>
<b>Legal Name</b>	<input type="text"/>
<b>Type *</b>	<input type="text"/>
<b>OMSSS Provider Organisation Email</b>	<input type="text"/>
<b>End Date</b>	<input type="text"/> 

**Save**

5. Complete all the mandatory fields marked with an \* in the form
6. Click the blue **Save** button
7. You will receive confirmation that the organisation has been saved, and it will now be displaying in the PHN's Provider Organisations list

Saved successfully 

## 2.5. Editing a Provider Organisation

If you have the 'Organisation Management' role you can edit a Provider Organisation's details through the organisation tab, by following these steps:

1. Navigate to the **Organisations** tab
2. Click the PHN name in blue text displayed within the table

## ★ ⓘ PHN 'Test PHN'

Details Provider Organisations

[View Details](#)

### Tags

TEST PHN for user training purposes

### Organisation Path

PHN999

### Name

Test PHN

### ABN

42072953425

### State

VIC

### Start Date

01/06/2014

### Organisation Key

PHN999

### Legal Name

Strategic Data Training PHN

### Type

Primary Health Network

### End Date

09/09/9999

3. Click the **Provider Organisation** tab
4. Click the **Provider Organisation** name in blue text displayed within the table

## ⓘ Provider Organisation "Test Provider Organisation 1" at PHN "Test PHN"

Details

[View Details](#) [Edit Details](#)

### Tags

### PHN Name

Test PHN

### Organisation Path

PHN999:PO1

### Organisation Key

PO1

### Name

Test Provider Organisation 1

### Legal Name

PHN999:PO1 Pty Ltd

### ABN

18123456789

### Type

General Medical Practice

### State

NT

### OMSSS Provider Organisation Email

### Start Date

01/06/2014

### End Date

09/09/9999

3. If you have permission to edit the Provider Organisation an **Edit Details** tab will be displayed
4. Click the blue **Edit** button

## Provider Organisation "Test Provider Organisation 1" at PHN "Test PHN"

Details

[View Details](#) [Edit Details](#)

Note: \* denotes a mandatory field

**Tags**  
Add a tag

**PHN Name**  
Test PHN

**Organisation Path**  
PHN999:PO1

**Organisation Key**  
PO1

**Name \***  
Test Provider Organisation 1

**Legal Name**  
PHN999:PO1 Pty Ltd

**ABN \***  
18123456789

**Type \***  
General Medical Practice

**State \***  
NT

**OMSSS Provider Organisation Email**

**Start Date \***  
01/06/2014

**End Date**  
09/09/9999

**Save**

4. Update the organisation's details. Mandatory fields are marked with an \*
5. Click the blue **Save** button
6. You will receive confirmation that the updated organisation details have been saved

Saved successfully



### 2.6. Inactivate a Provider Organisation

You can make a provider organisation inactive by entering an **End Date** in the provider organisation details. The **End Date** can be in the future.

Once an end date is saved, there will be a 90 day grace period, in which the users of this inactive provider organisation can finalise adding their data. Users of an inactive provider organisation will not be able to add data after the grace period has passed.

*Please note: Service Contact data and Outcome Collection Occasion data will not be able to be recorded after an organisation's end date.*

*Please note: Only organisations that are active within a reporting period will be displayed in the reports organisation field.*

## 2.7. Viewing an inactive Provider Organisation

You can view an inactive provider organisation's details through the **Organisations** tab, by following these steps:

1. Navigate to the **Organisations** tab
2. Click the PHN name in blue text displayed within the table
3. Click the **Provider Organisations** tab
4. Select the **Include inactive organisations** checkbox
5. Click the provider organisation's name from the table

Inactive organisations will be displayed with a ZZZ icon and will be greyed out.

Home / Organisations / PHN999 / View Provider Organisations

### ★ ⓘ PHN 'Test PHN'

Details Provider Organisations

View Provider Organisations Add Provider Organisation Filters Show / Hide ⓘ Provider Organisation

Include inactive organisations

Name	Type	State	Start Date	End Date	Tags
Test Provider Organisation 1 PO1	General Medical Practice	NT	01/06/2014	09/09/9999	
zzz Test Inactive Provider Org... PO1	General Medical Practice	SA	01/06/2016	01/06/2018	
Test Provider Organisation 2 PO2	Headspace Centre	ACT	01/06/2014	09/09/9999	
zzz Test Inactive Provider Org... PO2	Aboriginal Health/Medic...	NT	01/06/2016	31/12/2018	
Test Provider Organisation PO3 PO3	Headspace Centre	NT	01/06/2014	09/09/9999	
ORGANISATION PHN999:PO4 PO4	General Medical Practice	VIC	01/06/2019	09/09/9999	
Test PO test	Community-managed C...	VIC	01/01/2019	09/09/9999	Inspt

1 - 7 of 7 Items

## 2.8. Deleting a Provider Organisation

You cannot delete a provider organisation. If you believe an organisation should be deleted please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

## 3. Users

- [Users Roles](#)
- [Finding a user](#)
- [Viewing a User's details](#)
- [Editing a User's details](#)
- [Adding a new user](#)
- [Deleting an invitation](#)
- [Adding an existing user](#)

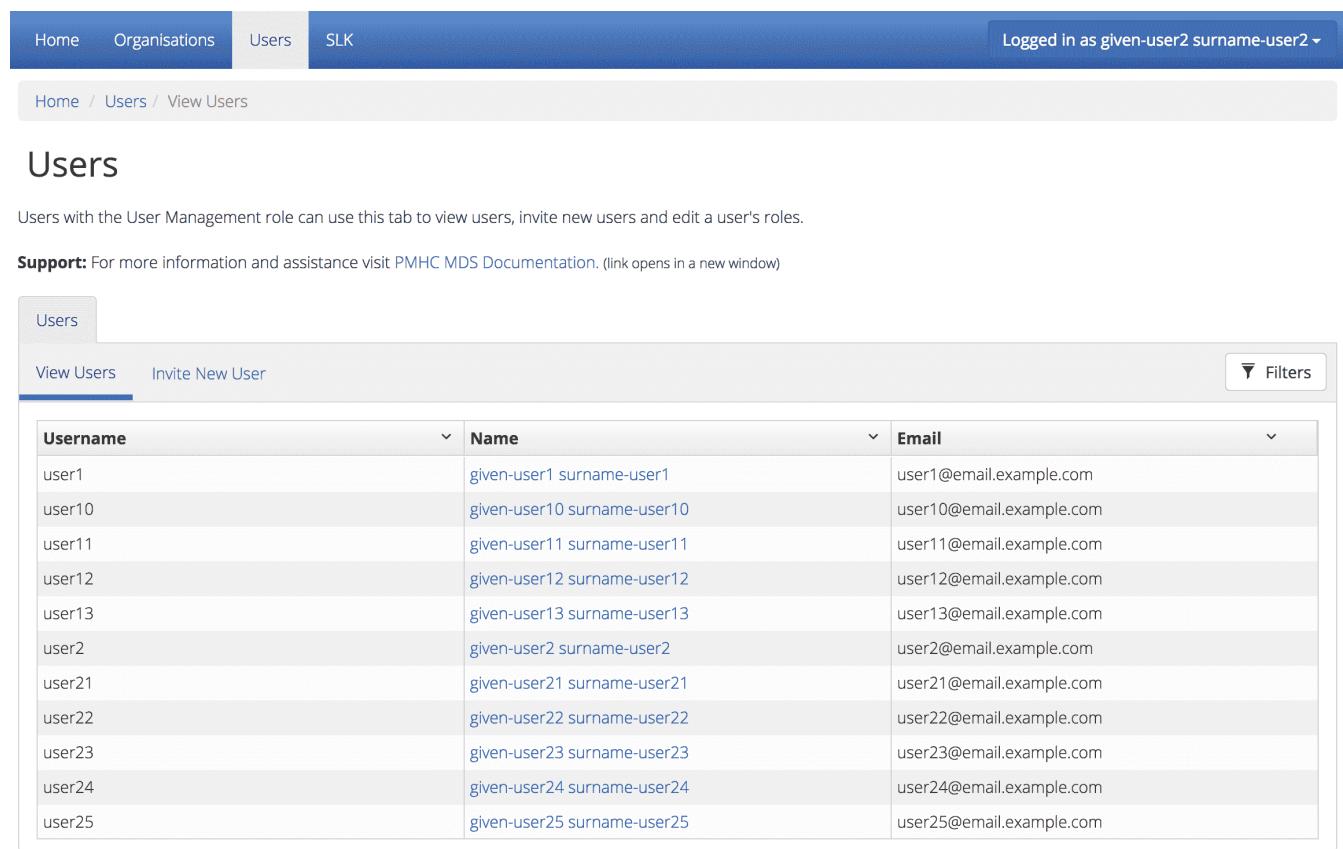
- [Viewing a user's roles](#)
- [Editing a user's roles](#)
- [Deleting a user](#)
- [Viewing all Organisational Users](#)
- [Assigning Extra Roles to an Organisational User](#)

You will only be able to see the **Users** tab if you have been assigned the 'User Management' role, when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the **Users** tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role.

If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the **Users** tab, you will be presented with a list of the users that are assigned to the organisations for which you have the 'User Management' role.



The screenshot shows the 'Users' tab in the PMHC MDS interface. The top navigation bar includes 'Home', 'Organisations', 'Users' (which is the active tab), and 'SLK'. A blue header bar indicates the user is 'Logged in as given-user2 surname-user2'. Below the header, a breadcrumb trail shows 'Home / Users / View Users'. The main content area is titled 'Users' and contains a table with three columns: 'Username', 'Name', and 'Email'. The table lists 25 users, each with a unique username and a corresponding name and email address. The 'Name' column is sorted by last name. A 'Filters' button is located in the top right corner of the table area.

Username	Name	Email
user1	given-user1 surname-user1	user1@email.example.com
user10	given-user10 surname-user10	user10@email.example.com
user11	given-user11 surname-user11	user11@email.example.com
user12	given-user12 surname-user12	user12@email.example.com
user13	given-user13 surname-user13	user13@email.example.com
user2	given-user2 surname-user2	user2@email.example.com
user21	given-user21 surname-user21	user21@email.example.com
user22	given-user22 surname-user22	user22@email.example.com
user23	given-user23 surname-user23	user23@email.example.com
user24	given-user24 surname-user24	user24@email.example.com
user25	given-user25 surname-user25	user25@email.example.com

### 3.1. Users Roles

Access to the PMHC MDS is based around roles. The following table provides a summary of each of the roles that currently exist within the PMHC MDS:

Role	Tasks allowed
Organisation Management	A user with the Organisation Management role for a PHN can manage provider organisations for that PHN.
User Management	A user with the User Management role for an organisation can manage user accounts for that organisation.
Upload	A user with the Upload role can upload data to the associated organisation.
Reporting	A user with the Reporting role can run reports and download data from the associated organisation.
Data Entry	A user with the Data Entry role can enter client data and practitioners from the associated organisation.

Each role allows a user to perform specific tasks. A user can have more than one role. Each role is granted for a user against an organisation. An organisation can either be a Primary Health Network or a provider organisation. If a user is granted a role for a Primary Health Network (PHN) they will also have this role for any provider organisations of that PHN. A user can be invited to have a role at more than one organisations. There is no limit to the number of users per organisation.

What users see after they have logged in will depend upon the roles that have been assigned. The table below lists the tabs that will be shown for each role:

Role	Tab
Organisation Management	Organisations
User Management	Organisations, Users
Upload	Upload
Reporting	Reports, Data Extract
Data Entry	Data Entry
All users	SLK

### 3.2. Finding a user

You can sort and filter the listed users through the **Users** tab.

*Please note: Newly invited users will not be visible until they have successfully accepted their invitation.*

Sort the listed users by simply clicking on the column header. Alternately you can click on the arrow beside a column header for more sort options, as follows:

- Sort Ascending
- Sort Descending
- Remove Sort
- Hide Column

To filter the listed users:

1. Click the grey **Filters** button
2. Start typing in an edit box now displayed under the column headers
3. To remove the filter, click the grey cross within the edit box beside any entered text

The screenshot shows a user management interface. At the top, there are tabs for 'Users' (selected) and 'Invite New User'. Below the tabs is a 'List' button and a 'Filters' button. The main area displays a table with three columns: 'Username', 'Name', and 'Email'. The 'Name' column has a search input field containing the value '1'. The table data is as follows:

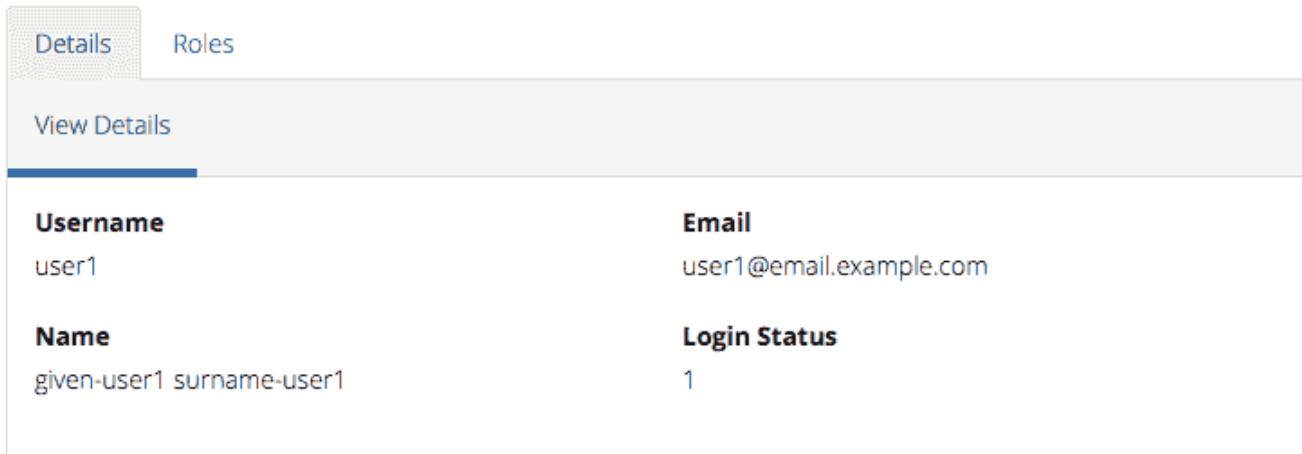
Username	Name	Email
orga.user1	given-orga.user1 surname-orga.user1	orga.user1@email.example.com
user1	given-user1 surname-user1	user1@email.example.com

### 3.3. Viewing a User's details

You can view a user's details through the user tab, by following these steps:

1. Navigate to the **Users** tab
2. Click on the user's name in blue displayed within the table

## given-user1 surname-user1 details



<b>Username</b> user1	<b>Email</b> user1@email.example.com
<b>Name</b> given-user1 surname-user1	<b>Login Status</b> 1

A page will display showing the user's details and the [Users Roles](#) they have at particular organisations. See [Viewing a user's roles](#).

### 3.4. Editing a User's details

A user can edit their own contact details.

See [Updating your details](#).

### 3.5. Adding a new user

**Note:** PHNs can devolve 'user management' authority to one or more users in a provider organisation so that the provider organisation can manage their own logins, or a PHN can choose to keep user management authority at the level of the PHN requiring each provider organisation to contact the PHN when they need a new user added.

Each individual staff member should be set up with their own unique login access. Generic login accounts are not encouraged to be set up and used within the PMHC MDS, and usernames / passwords should not be shared with other individuals. This process ensures that when a staff member leaves, their access can be easily disabled and it doesn't affect other users or the security of the organisation's data. A user's account, should not be passed from one staff member to the next.

Before inviting a user, it is always best to inform them that they will receive a PMHC MDS invitation by email from [noreply@strategicdata.com](mailto:noreply@strategicdata.com) and a verification code via SMS. You can also provide them with the link to the online [PMHC-MDS User Documentation](#) to read the steps they will need to complete the steps outlined in [Accepting an invitation to become a PMHC MDS User](#).

The next step to adding a new user is to invite them through the **Users** tab, by following these steps:

1. Navigate to the **Users** tab
2. Click the **Invite New User** tab

**First Name \***  
Firstname

**Surname \***  
Surname

**Email \***  
example@test.com

**Mobile \***  
0402 030 405

**Organisation \***  
Test PO 1 ( PHN999:NFP01 )

**Roles \***

- Organisation Management
- User Management
- Reporting
- Data Entry
- Upload

**Invite** **Clear**

3. Complete all the fields with the new users contact details. (Mandatory fields are marked with an \* )
4. Select an organisation, either a PHN or Provider Organisation
5. Assign one or more **Users Roles**. (Extra roles can be added after the user has access to the system. See [Editing a user's roles](#))

**First Name \***  
Firstname

**Surname \***  
Surname

**Email \***  
First.Surname@testphn.org.au

**Mobile \***  
0402030405

**Organisation \***  
Test PO 1 ( PHN999:NFP01 )

**Roles \***

- Organisation Management
- User Management
- Reporting
- Data Entry
- Upload

**Invite** **Clear**

6. Click the blue **Invite** button
7. You will receive confirmation that the user has been sent an email to invite them to the PMHC MDS. They will also be sent an SMS containing a verification code. The user will need to follow the instructions in the email before they can gain access to the system. This invitation will be valid for 7 days
8. When the user has accepted the invitation you will be sent an email to let you know. This user will now be listed in the **View Users** table

**noreply@strategicdata.com.au**  
**To:** [firstname.surname@email.example.com](mailto:firstname.surname@email.example.com)  
**PMHC MDS invitation accepted**

---

Hello,

A short while ago you invited FirstName1 Surname1 to sign up to the PMHC MDS authentication system.

They have now completed the sign-up process, so you are now able to assign roles to them, by searching for their email address: [firstname1.surname1@po1.example.com](mailto:firstname1.surname1@po1.example.com)

Thank you.

*Please note: An invitation for a new user is valid for 7 days. You can not re-invite this user within this time, unless the verification code has expired, or they have accepted the invitation.*

### **3.6. Deleting an invitation**

You cannot delete a new users invitation after it is sent. If you believe an invitation should be deleted please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

### **3.7. Adding an existing user**

Note: An existing user must have completed the required steps for [Accepting an invitation to become a PMHC MDS User](#) from their initial PMHC MDS invitation before they can be added again.

Before adding an existing user please ensure you have the same email and mobile number as their current PMHC MDS Profile. By ensuring these are identical, the system will automatically pick up if a user already exists in the PMHC MDS.

You can invite an existing user through the **Users** tab, by following these steps:

1. Navigate to the **Users** tab
2. Click the **Invite New User** tab
3. Complete all the mandatory fields marked with an \* in the **Invite User** form, ensuring these are the same details as their existing PMHC MDS Profile
4. Select an organisation and assign their **Users Roles**

First Name \*

Surname \*

Email \*

Mobile \*

Organisation \*

Roles \*

- Organisation Management
- User Management
- Reporting
- Data Entry
- Upload

**Invite** **Clear**

5. Click the blue **Invite** button
6. You will receive confirmation that the roles have been added to the existing user
7. **Please note:** You will need to notify the user that they have been added to the organisation and confirm their authorised roles. The system will not automatically do this

### 3.8. Viewing a user's roles

A user can have more than one role. Each role is granted for a user against the appropriate organisation.

You can edit and assign extra roles to an existing user by following these steps:

1. Navigate to the **Users** tab
2. Click the user's name in blue displayed within the table
3. Click the **Roles** tab to show the user's assigned roles

### given-user54 surname-user54 details

User Details Roles

**Note:** Organisations can be filtered by typing or selecting criteria below.

Organisation P...	Organisation N...	Organisation ...	User Managem...	Reporting	Data Entry	Upload
PHN999	Test PHN	<input checked="" type="checkbox"/>				
— PHN999:NFP01	Test PO 1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP02	Test PO 2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP03	Test PO 3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

A tick displays the user currently has this role assigned at the relevant organisation.

### 3.9. Editing a user's roles

A user can have more than one role. Each role is granted for a user against the appropriate organisation.

You can edit and assign extra roles to an existing user by following these steps:

1. Navigate to the **Users** tab
2. Click the user's name in blue displayed within the table
3. Click the **Roles** tab
4. Click the **Edit Roles** tab

#### given-user54 surname-user54 details

The screenshot shows a user interface for managing user roles. At the top, there are tabs for 'User Details' and 'Roles'. The 'Roles' tab is selected, indicated by a blue underline. Below the tabs are two buttons: 'View Roles' and 'Edit Roles', with 'Edit Roles' being the active button. A warning message 'Warning: Roles will be automatically saved when edited.' is displayed. The main area is a table with columns: Organisation P..., Organisation N..., Organisation ... (with a dropdown arrow), User Managem..., Reporting, Data Entry, and Upload. The table contains several rows of data, each representing a role assignment. For example, the first row for 'PHN104' has checkboxes in all columns except 'Organisation P...', which is filled with 'phnonehundred'. The second row for 'PHN104:0001' also has checkboxes in all columns. The third row for 'PHN104:0002' has checkboxes in all columns. The fourth row for 'PHN999' has checkboxes in all columns, with blue ticks in the 'User Managem...' and 'Data Entry' columns. Subsequent rows for 'Test PHN' and 'Test PO 1' through 'Test PO 3' also have checkboxes in all columns, with blue ticks in the 'User Managem...' and 'Data Entry' columns for most rows.

Organisation P...	Organisation N...	Organisation ...	User Managem...	Reporting	Data Entry	Upload
PHN104	phnonehundred	<input type="checkbox"/>				
— PHN104:0001	phnonehundred		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— PHN104:0002	phnonehundred		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHN999	Test PHN	<input checked="" type="checkbox"/>				
— PHN999:NFP01	Test PO 1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP02	Test PO 2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP03	Test PO 3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6. A tick indicates the user currently has this role assigned at the relevant organisation. Multiple roles can be assigned and these roles are shown as blue ticks
  - **Add** a role by clicking the empty checkbox
  - **Remove** a role by clicking the selected checkbox
7. All changes are automatically saved
8. You will need to notify the user of these role changes. The system will not automatically do this

*Please note: you will still see users in your list that have had all their roles removed.*

### 3.10. Deleting a user

A user can be deleted from an organisation by removing all the roles the user has at that organisation.

See [Editing a user's roles](#).

### 3.11. Viewing all Organisational Users

You can view users assigned to an organisation through the organisation tab, by following these steps:

1. Navigate to the tab showing either the PHNs details or the provider organisations details
2. Click on the PHNs or provider organisations name in blue displayed within the table list. If you are unsure how to view the details see [Viewing a PHN](#) or [Viewing a Provider Organisation](#)
3. Under the **Users** tab, you can view a table list of the organisation's users
4. You can filter the users within this table list, click the grey **Filters** button and start typing in an edit box now displayed under the column headers. To remove the filter, click the grey cross within the edit box beside any entered text

The screenshot shows a web interface for managing user roles. At the top, there is a breadcrumb navigation: Home / Organisations / Test PHN / Roles of Assigned Users. Below this, the title "★ PHN "Test PHN"" is displayed. A navigation bar contains three tabs: Details, Provider Organisations, and Roles of Assigned Users, with the latter being the active tab. On the left, a "View Roles" button is visible. On the right, a "Filters" button is located in a box. The main area is a table with three columns: Username, Name, and Role. The data in the table is as follows:

Username	Name	Role
user1	given-user1 surname-user1	Organisation Management
user2	given-user2 surname-user2	User Management
user3	given-user3 surname-user3	Organisation Management, User Management
user4	given-user4 surname-user4	User Management, Upload
user5	given-user5 surname-user5	Organisation Management, Reporting, Upload
user6	given-user6 surname-user6	Organisation Management, User Management, Upload
user50	given-user50 surname-user50	Organisation Management, User Management, Reporting...

### 3.12. Assigning Extra Roles to an Organisational User

You can assign extra roles to an existing organisational user, by following these steps:

1. [Navigate to the relevant client details](#)
2. Click the user's name
3. Follow on from Step 3 at [Editing a user's roles](#)

## 4. Upload

- [Uploading a file](#)

- [Uploading a file in Test Mode](#)
- [Viewing Previous Uploads](#)
- [Viewing Upload Details](#)
- [Complete uploads](#)
- [Error messages](#)
- [Correcting upload errors](#)

You will only be able to see the **Upload** tab if you have been assigned the ‘Upload’ role, when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don’t have access to the **Upload** tab and you believe you should, please contact someone in your provider organisation or provider organisation’s PHN who has the ‘User Management’ role.

If you are unsure who has the ‘User Management’ role please email the PMHC helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the **Upload** tab, you will be presented with a drop down list of the organisations to which you can upload.

Home    Upload    SLK    Logged in as given-user10 surname-user10 ▾

Home / Upload A File

## Upload

Users with the Upload role can use this tab to upload files, view file upload status along with validation error reports and successful upload summaries.

Files will be accepted in the following types:

- A zip file (.zip) containing Comma Separated Values (.csv) files
- Excel (XLSX)

Note: After your file has been submitted, it will then be validated. You will receive an email informing you if your file was successfully uploaded to the PMHC MDS, or outlining any errors that occurred.

For more information on the data requirements please refer to the [Upload Specification](#).

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

**Uploads**

[Upload A File](#)    [View Uploads](#)

**Organisation\***

orga ( orga )

**Select File**     Upload as test data

## 4.1. Uploading a file

After navigating to the **Upload** tab, you will be able to upload data files to organisations for which you have the 'Upload' role.

You can upload data files through the upload tab, by following these steps:

1. Navigate to the **Upload** tab
2. The Primary Health Network (PHN) will be pre-filled in the **Organisation** field, unless you are allowed to upload to more than one PHN which will allow you to select the PHN whose data you are uploading

The screenshot shows the 'Uploads' tab selected. The 'Organisation\*' dropdown is open, displaying three entries: 'Primary Health Networks', 'Test Strategic Data ( TestStratDat )', and 'Training PHN ( PHN999 )'. A blue checkmark is next to 'Primary Health Networks'. Below the dropdown is a 'Select File' button. To the right of the dropdown is a checkbox labeled 'Upload as test data'.

4. Click the blue **Select File** button
5. Navigate to where the upload file is saved on your system. Select the file and click the grey **Open** button

The screenshot shows the 'Uploads' tab selected. The 'Organisation\*' dropdown is closed, showing 'Training PHN ( PHN999 )'. Below the dropdown are two buttons: 'Select File' (blue) and 'Upload' (green). At the bottom of the page, a file selection dialog is displayed with the text 'File to upload: ~\$fixtures/training-x.xlsx'.

6. Check to ensure you have selected the correct file by reviewing the file name now displayed below the **Select File** button
7. Click the green **Upload** button

You will receive confirmation that your file has been accepted. The file will now be validated and you will receive a confirmation notification and an email. You can click on the link confirmation notification or open the email to view the upload status, informing you that your file was successfully uploaded to the PMHC MDS, or informing you of any errors that occurred. See [Viewing Previous Uploads](#).

Please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com) if you don't receive an email within one hour.

Further discussion about the error messages can be found at [Error messages](#).

## 4.2. Uploading a file in Test Mode

A file can be uploaded in Test Mode. When uploading in test mode, the file is validated, however the data is not updated in the PMHC MDS database.

After navigating to the **Upload** tab, you will be able to upload in Test Mode data files to organisations for which you have the 'Upload' role.

You can upload data files in Test Mode through the **Upload** tab, by following these steps:

1. Navigate to the **Upload** tab
2. If you are allowed to upload to more than one organisation you will be asked to select an organisation name
3. Select the name of the organisation whose data you are uploading from the drop down list
4. Click the blue **Select File** button
5. Navigate to where the upload file is saved on your system. Select the file and click the grey **Open** button
6. Check to ensure you have selected the correct file by reviewing the file name now displayed below the **Select File** button
7. Click the **Upload as test data** checkbox on the right hand side

The screenshot shows a user interface for file uploads. At the top, there's a navigation bar with tabs for 'Uploads', 'Upload A File', and 'View Uploads'. Below this, a section titled 'Organisation\*' contains a dropdown menu with the option 'Test Strategic Data (TestStratDat)'. At the bottom of the form, there are two buttons: a blue 'Select File' button and a grey 'Upload as test data' button with a checked checkbox next to it.

8. Click the green **Upload** button

You will receive confirmation that your file has been accepted. The file will now be validated and you will receive an email informing you if your file was valid, or informing you of any errors that occurred.

*Even if your file was valid, the data will not be updated in the PMHC MDS database.*

[Upload Details](#)

[View Details](#)

<b>File Name</b> fixtures-training.xlsx	<b>Upload ID</b> 37fb099b
<b>Upload Date</b> 29/08/2018 04:28:52 PM	<b>Status</b> complete
<b>Uploader</b> PMHC Training	<b>Specification</b> PMHC 1.0

**Messages**

Completed [in Test Mode](#)

## 4.3. Viewing Previous Uploads

The PMHC MDS allows you to review previous uploads.

[Uploads](#)

[Upload A File](#) [View Uploads](#) [Filters](#)

Upload ID	Date Uploaded	Organisation Name	Username	File Name	Specification	Test	Status
6e0413ec	01/11/2018 01:34:18 PM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	No	accept
a2e60b3d	31/10/2018 02:23:37 PM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	No	complete
506aa42f	29/10/2018 09:18:10 AM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	Yes	complete
216d1fa5	25/10/2018 09:39:28 AM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	Yes	error

When an upload has been completed, regardless of whether it validated successfully or not, the upload will be added to the table.

The **Status of Previous Uploads** table refreshes once files finish the validation process. Types of status results are:

- **accept** - the file is currently going through the validation process
- **complete** - the file has successfully passed the validation process
- **error** - the file has returned errors through the validation process. Please review the error messages and correct the data to upload again

Further discussion about the error messages can be found at [Error messages](#).

## 4.4. Viewing Upload Details

You can view the results of an upload by following these steps:

1. Navigate to the **Upload** tab
2. Click the **Upload Status** tab

3. Locate the date and time of the upload you are interested in
4. Click on the filename of the relevant upload
5. You will be shown the **Upload Detail** page

## 4.5. Complete uploads

[Viewing Upload Details](#) for complete uploads will display data verification information by listing the number of data records present and if those records are added, updated, or deleted, within the MDS records.

Messages				
File/Worksheet	Present	Added	Updated	Deleted
organisations	1	0	1	0
practitioners	11	0	11	0
clients	27	2	25	0
episodes	27	2	25	0
service contacts	114	20	94	0
k10p	10	2	8	0
k5	0	0	0	0
sdq	0	0	0	0

## 4.6. Error messages

If the status of your file shows error, you can view the returned errors through [Viewing Previous Uploads](#).

Upload Details			
View Details			
<b>File Name</b> fixtures-training-x.xlsx	<b>Upload ID</b> 537e4d0d		
<b>Upload Date</b> 29/08/2018 06:17:30 PM	<b>Status</b> error		
<b>Uploader</b> PMHC Training	<b>Specification</b> PMHC 1.0		
<b>Errors</b>			
File/Worksheet	Row	Column Name	Error
Practitioners	7	atsi_cultural_training	Invalid ATSI Cultural Training. "Not required" is reserved only for practitioners who are of ATSI descent or employed by an Aboriginal Community Controlled Health Service. Therefore practitioner_atsi_status must have the value "Aboriginal but not Torres Strait Islander origin", "Torres Strait Islander but not Aboriginal origin" or "Both Aboriginal and Torres Strait Islander origin" or the Provider Organisation must have the type "Aboriginal Health/Medical Service".
Clients	12	date_of_birth	required to have a date between 01011900 and today's date.
Clients	24	client_atsi_status	value of "5" is invalid.
Clients	30	client_gender	required.
Clients	30	client_gender	value of "[blank]" is invalid.
Clients	34	organisation_path / client_key	value of "PHN999:PO2 / CL1003" is not unique. A previous row in the file contains the same values.
Episodes	7	episode_end_date	required to have a date between 01012016 and today's date.
Episodes	12	referral_date	required to have a date between 01012014 and today's date.
Service contacts	72	service_contact_date	required to have a date between 01012014 and today's date.
Service contacts	74	organisation_path / episode_key	value of "PHN999:PO2 / EP000039" is invalid. There is no matching row in the Episodes file/worksheet with this identifier.
K10p	11	measure_date	required to have a date between 01012016 and today's date.
Sdq	4	sdq_total	Inconsistent sdq_total. The Total Difficulties Score doesn't match the sum on the underlying subscales.

## 4.7. Correcting upload errors

Any data errors will need to be corrected in your internal system and a new upload file created. Or if you manually record data on the upload file, you can edit the data records directly on the file.

The definition of each data item has associated notes that will provide guidance on why an error is returned. By visiting the data specifications documentation and clicking on the [Record formats](#) field name this will take you to the field definition which outlines the associated notes.

In the Frequently Asked Questions guide there are questions about some of the common and unusual upload error messages. These answers contain information on what you can do to fix the error. See - [Uploading Data FAQs](#).

If you require assistance in understanding an error message, please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

## 5. Data Entry

- [Client Data](#)
  - [Finding a Client](#)
  - [Client Search Results](#)
  - [Viewing a Client's details](#)
  - [Editing a Client](#)
  - [Adding a New Client](#)
  - [Deleting a Client](#)
- [Episodes](#)
  - [Viewing a Client's Episodes](#)
  - [Editing a Client's Episode data](#)
  - [Adding a Client's Episode data](#)
  - [Closing a Client's Episode](#)
  - [Deleting an Episode](#)
- [Service Contacts](#)
  - [Viewing a Client's Service Contacts for an Episode](#)
  - [Editing a Client's Service Contacts for an Episode](#)
  - [Adding a Client's Service Contact data](#)
  - [Duplicating a Client's existing Service Contact data](#)
  - [Deleting a Service Contact](#)
- [Outcome Collection Occasions](#)
  - [Viewing a Client's Outcome Collection Occasions for an Episode](#)
  - [Editing a Client's Outcome Collection Occasions for an Episode](#)
  - [Adding a Client's Outcome Collection Occasion data](#)
  - [Deleting an Outcome Collection Occasion](#)
- [Practitioners](#)
  - [Finding a Practitioner](#)
  - [Viewing a Practitioner](#)
  - [Viewing a Practitioner Providing Client Services](#)
  - [Editing a Practitioner](#)
  - [Adding a Practitioner](#)
  - [Deleting a Practitioner](#)
  - [Inactive Practitioners](#)

You will only be able to see the **Data Entry** tab if you have been assigned the 'Data Entry' [Users Roles](#), when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the **Data Entry** tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role. If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

After navigating to the **Data Entry** tab, you will be presented with three search boxes, which will allow you to easily find and view the client data for the organisations you have permission to access.

The screenshot shows the 'Data Entry' tab selected in the top navigation bar. The main content area is titled 'Data Entry' and displays three search fields:

- Client Key \***: An input field with a 'Clear Search' button.
- OR**: A separator.
- SLK \***: An input field with a 'Clear Search' button.
- OR**: A separator.
- DOB \***: An input field with a calendar icon and a 'Clear Search' button.

Below the search fields are buttons for 'View Clients' and 'Add New Client'. In the top right corner, there is a 'Logged in as given-user8 surname-user8▼' dropdown. The bottom of the page features the Australian Government Department of Health logo and links to PMHC-MDS managed by Strategic Data Pty Ltd, Contact Support, and User Documentation.

## 5.1. Client Data

- [Finding a Client](#)
  - [Search Fields](#)
- [Client Search Results](#)
- [Viewing a Client's details](#)
- [Editing a Client](#)
  - [Editing a Client Key](#)
- [Adding a New Client](#)
- [Deleting a Client](#)
  - [Confirm Delete](#)
  - [Cannot Delete](#)

### 5.1.1. Finding a Client

There are three [Search Fields](#) options available.

### 5.1.1.1. Search Fields

You can choose any one of three search options to search for a client, depending on the client information that is available.

- **Client Key** - Use this field to enter the first characters of, or the entire [Client Key](#)
- **SLK** - Use this field to type in a client's [Statistical Linkage Key](#)
- **DOB** - Use this field to type in a client's [Date of Birth](#)

The diagram illustrates three separate search fields arranged horizontally. Each field consists of a text input box with a placeholder, a 'Clear Search' button to its right, and a blue 'Search' button at the bottom. The first field is labeled 'Client Key \*'. The second field is labeled 'SLK \*'. The third field is labeled 'DOB \*'. Between the first and second fields, the word 'OR' is centered. Between the second and third fields, the word 'OR' is also centered. All three fields have a small icon in the top right corner, likely representing a calendar or date input.

After entering information into one of these [Search Fields](#), simply click the blue **Search** button to see [Client Search Results](#)

Use the grey **Clear Search** button to removed any previously entered text.

### 5.1.2. Client Search Results

A display of the details used within the [Search Fields](#) used in [Finding a Client](#) will be visible above the search results table, when results are available.

You can sort the listed client search results through either of the above three search features for [Search Fields](#).

Sort the listed clients by simply clicking the column header. Alternately you can click the arrow beside a column header for more sort options, as follows:

- **Sort Ascending**
- **Sort Descending**
- **Remove Sort**
- **Hide Column**

Clients Practitioners

[View Clients](#) [Add New Client](#) [Clear Results](#) [Filters](#)

Showing results for Client Key "CL0"

Client Key ▲ ▼	Organisation Path ▼	SLK ▼	Date Of Birth ▼	Gender ▼	Last Known Postcode	Last Contact Date
CL0001	PHN999:NFP01	Z4H4TBAEASY0T27J0...	17/02/1983	Female	2101	21/07/2016
CL0002	PHN999:NFP01	BBR6G3CWCQAKEBT...	24/09/2007	Male	2102	17/07/2016
CL0003	PHN999:NFP01	S9F9MSJSPKPS9Y2EZ...	09/09/9999	Not stated/Inadequat...	2103	19/06/2016
CL0003	PHN999:NFP02	S9F9MSJSPKPS9Y2EZ...	09/09/9999	Not stated/Inadequat...	2614	22/11/2016
CL0004	PHN999:NFP01	222J04BDNZYKPNXJ7...	08/07/1970	Female	2104	25/06/2016
CL0005	PHN999:NFP01	KD75EHJ6RTMRGJPW...	17/02/1983	Other		
CL0006	PHN999:NFP01	MN65F3CEKY47K3V3J...	04/01/1958	Male	2106	24/07/2016
CL0007	PHN999:NFP01	G6MMH6SPWP819S...	09/09/9999	Not stated/Inadequat...	2107	10/05/2016
CL0008	PHN999:NFP01	B07MMQ44YAM5EQF...	28/02/1978	Female	2108	30/09/2016
CL0009	PHN999:NFP01	CXN263HSPMB0ZK6T...	19/06/2002	Other	2109	15/07/2016
CL0010	PHN999:NFP01	B07MMQ44YAM5EQF...	28/02/1978	Female	2111	20/04/2016

To filter the listed clients:

1. Click the grey **Filters** button. This will open a field in which to enter text
2. Type an appropriate filter into the field that opened
3. To remove the filter, click the grey cross within the edit box beside any entered text or click the grey **Filters** button

Clients Practitioners

[View Clients](#) [Add New Client](#) [Clear Results](#) [Filters](#)

Showing results for Client Key "CL0"

Client Key ▲ ▼	Organisation Path ▼	SLK ▼	Date Of Birth ▼	Gender ▼	Last Known Postcode	Last Contact Date
					290 <input type="button" value="x"/>	
CL0011	PHN999:NFP02	KJBEZMRKM6G1442P...	04/11/1967	Female	2905	15/11/2016
CL0015	PHN999:NFP02	B94PBNCCHKPQG9V7...	01/01/1993	Female	2905	02/12/2016
CL0020	PHN999:NFP02	86MXGSSQZSFK8TW...	07/04/1983	Other	2905	27/01/2017
CL0021	PHN999:NFP02	BXEJ336F6WX2XBZBR...	01/04/2009	Not stated/Inadequat...	2902	19/11/2016

You can clear the search results and start a new search by clicking on the blue **Edit Search** button.

### 5.1.3. Viewing a Client's details

You can view a client's details through the [Client Search Results](#) available on the **Data Entry** tab, by following these steps:

1. Create [Client Search Results](#)
2. Click the **Client Key** in blue displayed within the table
3. This is the **Client's Summary** view, with summary details along with a snapshot of the five most recent episodes

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary Details Episodes (2)

[View Summary](#)

**Client Key**

CL0001

**Gender**

Female

**Date Of Birth**

17/02/1983

CL0001-E01

Suicide Referral 

**Start Date:** 13/02/2016

**Episode Concluded:** Yes

**Last Service Contact:** 05/04/2016

**Number of service contacts:** 4

**Principal Focus of Treatment Plan:** Low intensity psychological intervention

**Outcome Measure Summary**

Episode start

Review

Episode end

CL0001-E02

**Start Date:** 21/07/2016

**Episode Concluded:** No

**Last Service Contact:** 21/07/2016

**Number of service contacts:** 1

**Principal Focus of Treatment Plan:** Psychological therapy

**Outcome Measure Summary**

Episode start

Review

Episode end

- Click the **Details** tab for more information about the client

A page will display the client's details as recorded via the [Client Data Elements](#).

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary    **Details**    Episodes (2)

[View Details](#)    [Edit Details](#)    [Delete](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Client Key</b> CL0001
<b>Date of Birth</b> 17/02/1983	<b>Estimated Date of Birth Flag</b> Date of birth is accurate
<b>Gender</b> Female	<b>Statistical Linkage Key</b> Z4H4TBAEASY0T27J0GMX3P2N4C3BCYSN
<b>Aboriginal and Torres Strait Islander Status</b> Aboriginal but not Torres Strait Islander origin	<b>Country of Birth</b> Australia
<b>Main Language Spoken at Home</b> English	<b>Proficiency in Spoken English</b> Not applicable (persons under 5 years of age or who speak only English)
<b>Tags</b> tag1	

### 5.1.4. Editing a Client

You can edit a client's details through the [Client Search Results](#) available on the **Data Entry** tab, by following these steps:

1. Create [Client Search Results](#)
2. From the **Client Search Table**, click the **Client Key**
3. Click the **Details** tab, to view client's details
4. Click the **Edit Details** tab
5. Update the client's details. Mandatory fields are marked with an \* (Specification [Client Data Elements](#))
6. **Please note:** You can edit the **Client Key** from this screen. See [Editing a Client Key](#)

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary    Details    Episodes (2)

[View Details](#)    [Edit Details](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Client Key</b> CL0001	<a href="#">Edit Key</a>
<b>Date of Birth *</b> 17/02/1983	<b>Estimated Date of Birth Flag *</b> Date of birth is accurate	
<b>Gender *</b> Female		
<b>Statistical Linkage Key *</b>		
<a href="#">Enter SLK</a> <a href="#">Generate SLK</a> <b>SLK</b> Z4H4TBAEASY0T27J0GMX3P2N4C3BCYSN		
<b>Aboriginal and Torres Strait Islander Status *</b> Aboriginal but not Torres Strait Islander origin	<b>Country of Birth *</b> Australia	
<b>Main Language Spoken at Home *</b> English	<b>Proficiency in Spoken English *</b> Not applicable (persons under 5 years of age or who speak only English)	
<b>Tags</b> tag1		
<input type="button" value="Save"/>		

7. Please note: If you edit the **Date of Birth** or **Gender** you will be required to update the **Statistical Linkage Key** field. You can choose to **Enter** or **Generate** a client's SLK. The SLK is generated on your device, the names used are not stored or transmitted over the network.

**Statistical Linkage Key \***

[Enter SLK](#)    [Generate SLK](#)

<b>First Name</b>	<b>Last Name</b>	<a href="#">Generate</a>
The SLK is generated on your device, the names used to construct it are not stored or transmitted over the network. <a href="#">View Documentation.</a>		
Values that are used to generate an SLK have changed, please regenerate or re-enter this client's SLK. The old SLK was 'Z4H4TBAEASY0T27J0GMX3P2N4C3BCYSN'.		

8. Click the blue **Save** button. (If you decide not to save changes, you can navigate away from this screen)

You will receive confirmation that the client's details have been saved, and it will now be display the updated details in the **Clients View Details** tab.

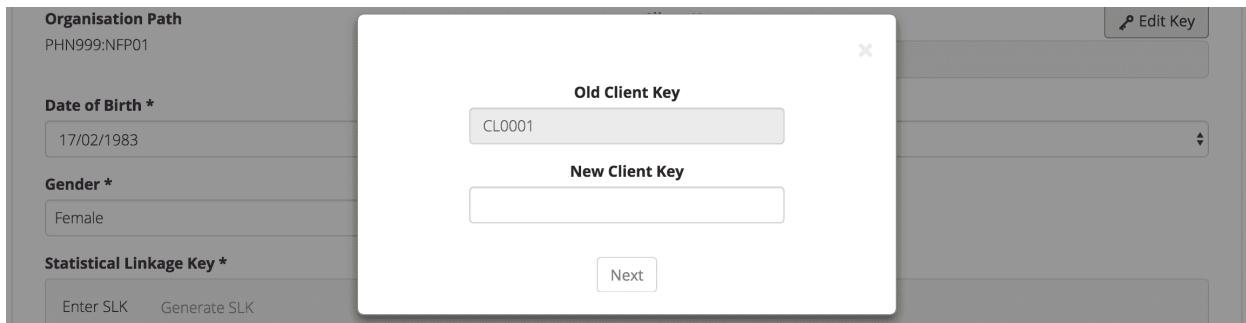


If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Client](#).

#### 5.1.4.1. Editing a Client Key

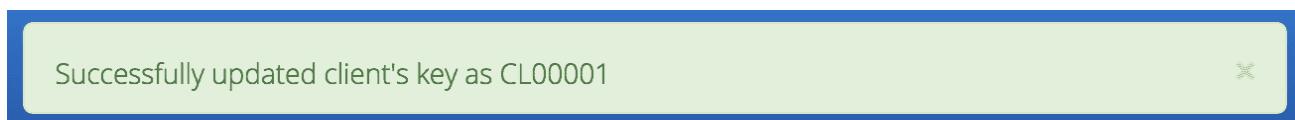
You can edit a client's identification key through [Editing a Client](#) available on the **Data Entry** tab, by following these steps:

1. Return to step five when [Editing a Client](#)
2. From the **Client Edit Details** tab, click the **Edit Key** button



3. Type in the new client key and click **Next**
4. Double check the new key is correct and click **Save**. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the client's key has been saved, and the screen will now be displaying the updated client key details in the **Clients View Details** tab.



#### 5.1.5. Adding a New Client

You can add a client through the [Client Search Results](#) available on the **Data Entry** tab, by following these steps:

1. Create [Client Search Results](#)
2. Firstly double check the client is not already added
3. Click the blue **Add New Client** button
4. Choose the **Provider Organisation** from the drop down list
5. Enter the client's details. Mandatory fields are marked with an \* (Specification [Client Data Elements](#))
6. **Please note:** With the **Statistical Linkage Key** field you can choose to **Enter** or **Generate** a client's SLK. The SLK is generated on your device, the names used are not stored or transmitted over the network.

**Statistical Linkage Key \***[Enter SLK](#)   [Generate SLK](#)**First Name****Last Name**[Generate](#)

The SLK is generated on your device, the names used to construct it are not stored or transmitted over the network.

[View Documentation](#).

7. Click the blue **Save** button. (If you decide not to add this client, you can simply navigate away from this screen)

[Home](#) / [Data Entry](#) / [Clients](#) / [Add New Client](#)

## Data Entry

Users with the Data Entry role can use this tab to add, view and edit client records.

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

Clients   Practitioners

[View Clients](#)   [Add New Client](#)

**Organisation Path \***

**Client Key \***

**Date of Birth \***

**Estimated Date of Birth Flag \***

**Gender \***

**Statistical Linkage Key \***

[Enter SLK](#)   [Generate SLK](#)

**SLK**

**Aboriginal and Torres Strait Islander Status \***

**Country of Birth \***

**Main Language Spoken at Home \***

**Proficiency in Spoken English \***

**Tags**

[Save](#)

You will receive confirmation that the Client has been saved, and it will now be displaying the client's saved information in the **Clients View Details** tab.

Saved successfully



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Client](#).

### 5.1.6. Deleting a Client

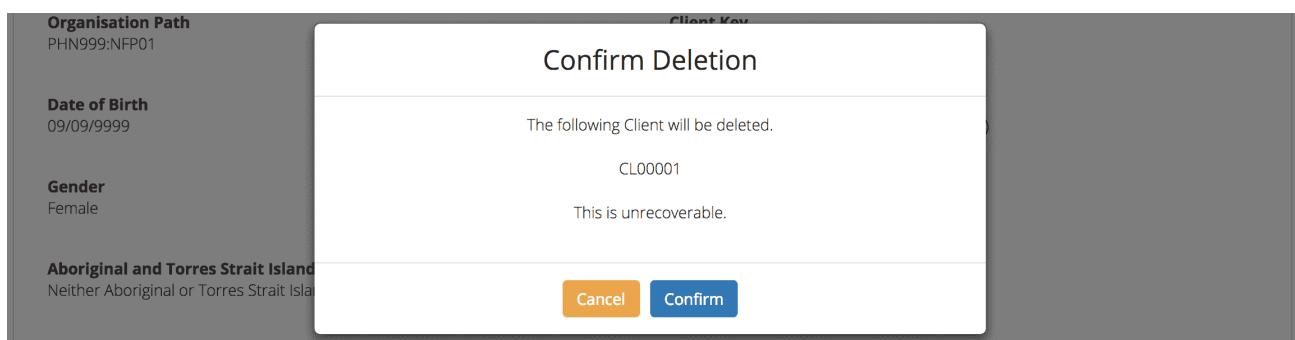
You can delete a client through [Viewing a Client's details](#) available on the **Data Entry** tab, by following these steps:

1. [Search](#) for the client
2. From the [Client Search Results](#) table, click the **Client Key**
3. Click the **Details** tab, to view [Client's details](#)
4. Click the red **Delete** button
5. You will either be displayed a [Confirm Delete](#) screen or a [Cannot Delete](#) screen

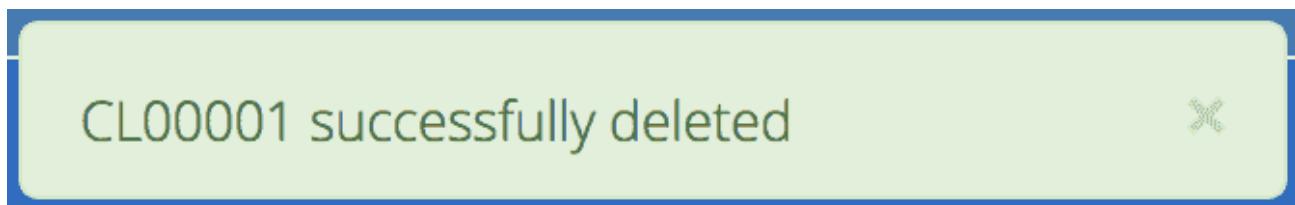
#### 5.1.6.1. Confirm Delete

**Please note: Once the client is deleted, you will not be able to recover this client data.**

1. Click the blue **Confirm** button to delete this client. (or click the orange **Cancel** button if you decide not to delete this client data)



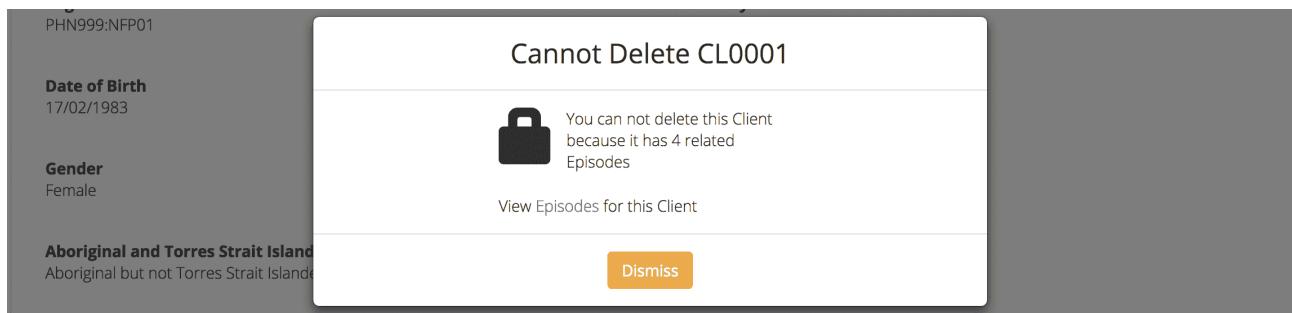
After you click **Confirm**, you will receive confirmation that the client has been deleted, and you will be redirected to the [Client Search Results](#), which will no longer display the deleted client.



#### 5.1.6.2. Cannot Delete

If the client you are trying to delete has any dependant records, you will not be able to proceed with deleting this client until all the related records have been deleted.

1. Click on the link provided to view the Client's Episodes, or click the orange **Dismiss** button



See [Deleting an Episode](#).

## 5.2. Episodes

- [Viewing a Client's Episodes](#)
- [Editing a Client's Episode data](#)
  - [Editing an Episode Key](#)
- [Adding a Client's Episode data](#)
- [Closing a Client's Episode](#)
- [Deleting an Episode](#)
  - [Confirm Delete](#)
  - [Cannot Delete](#)

### 5.2.1. Viewing a Client's Episodes

You can view a client's episodes through [Viewing a Client's details](#) available on the **Data Entry** tab, by following these steps:

1. Once [Viewing a Client's details](#)
2. From the client's **Summary** tab, you can shortcut straight to an episode by clicking the blue **Episode Key** displayed in the snapshot of the five most recent episodes

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary Details Episodes (2)

[View Summary](#)

**Client Key**

CL0001

**Gender**

Female

**Date Of Birth**

17/02/1983

CL0001-E01

Suicide Referral !

**Start Date:** 13/02/2016

**Episode Concluded:** Yes

**Last Service Contact:** 05/04/2016

**Number of service contacts:** 4

**Principal Focus of Treatment Plan:** Low intensity psychological intervention

**Outcome Measure Summary**

Episode start

Review

Episode end

CL0001-E02

**Start Date:** 21/07/2016

**Episode Concluded:** No

**Last Service Contact:** 21/07/2016

**Number of service contacts:** 1

**Principal Focus of Treatment Plan:** Psychological therapy

**Outcome Measure Summary**

Episode start

Review

Episode end

3. Alternately, if you would like to view all episodes you can click on the **Episode** tab. The heading for this tab displays in brackets the total number of episodes recorded in the PMHC MDS for this client at Provider Organisations for which you have access.

A table will display all the Client's Episodes at Provider Organisations for which you have access.

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test Provider Organisation 1"

Summary Details Episodes (2)

[View Episodes](#) [Add New Episode](#)

[Filters](#)

[Show / Hide](#)

[Episode](#)

All Episodes

Suicide Referral	Episode Key	Start Date	End Date	Completion Status	Principal Focus of Treatment Plan	Number of Service Contacts	Date of Last Service Contact	Tags
!	CL0001-E01	13/02/2016	18/06/2016	Episode closed ...	Low intensity ps...	4	05/04/2016	!br20, tag3
	CL0001-E02	10/07/2014	01/01/2020	Episode closed ...	Psychological th...	7	08/10/2019	tag1, !nspt

A drop down list is available to view:

- All Episodes
- Currently Open Episodes
- Closed Episodes

Summary Details Episodes (2)

[View Episodes](#) [Add New Episode](#)

[Filters](#)

[Show / Hide](#)

[Episode](#)

✓ All Episodes

Currently Open Episodes

Closed Episodes

				Status	of Treatment Plan	Service Contacts	Service Contact	
!	CL0001-E01	13/02/2016	18/06/2016	Episode closed ...	Low intensity ps...	4	05/04/2016	!br20, tag3
	CL0001-E02	10/07/2014	01/01/2020	Episode closed ...	Psychological th...	7	08/10/2019	tag1, !nspt

4. To view the client's episode details, click the blue **Episode Key**

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test Provider Organisation 1"

## Episode starting 13/02/2016

Details	Collection Occasions (4)	Service Contacts (4)																												
<b>Suicide Referral</b> <span style="color: red;">!</span>																														
<a href="#">View Details</a> <a href="#">Edit Details</a>		<span style="color: red;">Delete</span>																												
<p><b>Tags</b> lbr20, tag3</p> <table border="0"> <tr> <td><b>Organisation Path</b> PHN999:PO1</td> <td><b>Episode Key</b> CL0001-E01</td> </tr> <tr> <td><b>Client Key</b> CL0001</td> <td><b>End Date</b> 18/06/2016</td> </tr> <tr> <td><b>Client Consent to Anonymised Data</b> Yes</td> <td><b>Completion Status</b> Episode closed administratively - client moved out of area</td> </tr> <tr> <td><b>Continuity of Support</b> No</td> <td><b>Referral Date</b> 12/02/2016</td> </tr> <tr> <td><b>Principal Focus of Treatment Plan</b> Low intensity psychological intervention</td> <td><b>GP Mental Health Treatment Plan Flag</b> Yes</td> </tr> <tr> <td><b>Homelessness Flag</b> Sleeping rough or in non-conventional accommodation</td> <td><b>Area of usual residence, postcode</b> 2101</td> </tr> <tr> <td><b>Labour Force Status</b> Unemployed</td> <td><b>Employment Participation</b> Not applicable - not in the labour force</td> </tr> <tr> <td><b>Source of Cash Income</b> Other pension or benefit (not superannuation)</td> <td><b>Health Care Card</b> Yes</td> </tr> <tr> <td><b>NDIS Participant</b> No</td> <td><b>Marital Status</b> Never married</td> </tr> <tr> <td><b>Suicide Referral Flag</b> Yes</td> <td><b>Principal Diagnosis</b> Acute stress disorder</td> </tr> <tr> <td><b>Additional Diagnosis</b> Mixed anxiety and depressive symptoms</td> <td><b>Medication Antipsychotics (N05A)</b> No</td> </tr> <tr> <td><b>Medication Anxiolytics (N05B)</b> No</td> <td><b>Medication Hypnotics and sedatives (N05C)</b> No</td> </tr> <tr> <td><b>Medication Antidepressants (N06A)</b> No</td> <td><b>Medication Psychostimulants and nootropics (N06B)</b> No</td> </tr> <tr> <td><b>Referrer Profession</b> Psychiatrist</td> <td><b>Referrer Organisation Type</b> General Practice</td> </tr> </table>			<b>Organisation Path</b> PHN999:PO1	<b>Episode Key</b> CL0001-E01	<b>Client Key</b> CL0001	<b>End Date</b> 18/06/2016	<b>Client Consent to Anonymised Data</b> Yes	<b>Completion Status</b> Episode closed administratively - client moved out of area	<b>Continuity of Support</b> No	<b>Referral Date</b> 12/02/2016	<b>Principal Focus of Treatment Plan</b> Low intensity psychological intervention	<b>GP Mental Health Treatment Plan Flag</b> Yes	<b>Homelessness Flag</b> Sleeping rough or in non-conventional accommodation	<b>Area of usual residence, postcode</b> 2101	<b>Labour Force Status</b> Unemployed	<b>Employment Participation</b> Not applicable - not in the labour force	<b>Source of Cash Income</b> Other pension or benefit (not superannuation)	<b>Health Care Card</b> Yes	<b>NDIS Participant</b> No	<b>Marital Status</b> Never married	<b>Suicide Referral Flag</b> Yes	<b>Principal Diagnosis</b> Acute stress disorder	<b>Additional Diagnosis</b> Mixed anxiety and depressive symptoms	<b>Medication Antipsychotics (N05A)</b> No	<b>Medication Anxiolytics (N05B)</b> No	<b>Medication Hypnotics and sedatives (N05C)</b> No	<b>Medication Antidepressants (N06A)</b> No	<b>Medication Psychostimulants and nootropics (N06B)</b> No	<b>Referrer Profession</b> Psychiatrist	<b>Referrer Organisation Type</b> General Practice
<b>Organisation Path</b> PHN999:PO1	<b>Episode Key</b> CL0001-E01																													
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<b>Referrer Profession</b> Psychiatrist	<b>Referrer Organisation Type</b> General Practice																													

A page will display the client's episode details as recorded via the [Episode Data Elements](#).

### 5.2.2. Editing a Client's Episode data

You can edit a client's episode details through [Viewing a Client's details](#) available on the **Data Entry** tab, by following these steps:

- Once [Viewing a Client's Episodes](#)

2. From the client's **Episode** table, click the **Episode Key**
3. Click the **Edit Details** tab
4. Update the client's **Episode** details. Mandatory fields are marked with an \* (Specification [Episode Data Elements](#))
5. **Please note:** You can edit the **Episode Key** from this screen. See [Editing an Episode Key](#)

#### Note

The Department has recently announced the “*Australian Government Mental Health Response to Bushfire Trauma*”. From January 2020, there is now a reserved **Episode Tag** **!ibr20** that can be easily selected or added to an Episode record if a new or existing client receives any services that meet the reporting requirements. While services funded under the response must report in-scope activity using this tag, all PHNs may use this tag. For more information please see [Reserved Tags - !ibr20](#).

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test Provider Organisation 1"

## Episode starting 13/02/2016

[Details](#) [Collection Occasions \(4\)](#) [Service Contacts \(4\)](#)
**Suicide Referral** 
[View Details](#) [Edit Details](#)
**Note:** \* denotes a mandatory field**Tags**
 Australian Government Mental Health Response to Bushfire (lbr20) - Program guidance

lbr20 tag3 [Add a tag](#)
**Organisation Path**

PHN999:PO1

**Episode Key**


CL0001-E01

**Client Key**

CL0001

**End Date**

18/06/2016

**Client Consent to Anonymised Data \***

Yes

**Completion Status**

Episode closed administratively - client moved out of area

**Continuity of Support \***

No

**Referral Date**

12/02/2016

**Principal Focus of Treatment Plan \***

Low intensity psychological intervention

**GP Mental Health Treatment Plan Flag \***

Yes

**Homelessness Flag \***

Sleeping rough or in non-conventional accommodation

**Area of usual residence, postcode \***

2101

**Labour Force Status \***

Unemployed

**Employment Participation \***

Not applicable - not in the labour force

**Source of Cash Income \***

Other pension or benefit (not superannuation)

**Health Care Card \***

Yes

**NDIS Participant \***

No

**Marital Status \***

Never married

**Suicide Referral Flag \***

Yes

**Principal Diagnosis \***

107 - Acute stress disorder

**Additional Diagnosis \***

903 - Mixed anxiety and depressive symptoms

**Medication Antipsychotics (N05A) \***

No

**Medication Anxiolytics (N05B) \***

No

**Medication Hypnotics and sedatives (N05C) \***

No

**Medication Antidepressants (N06A) \***

No

**Medication Psychostimulants and nootropics (N06B) \***

No

**Referrer Profession \***

Psychiatrist

**Referrer Organisation Type \***

General Practice



6. Click the blue **Save** button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the client's episode details have been saved, and it will now be displaying these new details in the episode **View Details** tab.

Saved successfully



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Episode](#).

#### 5.2.2.1. Editing an Episode Key

You can edit an episode's identification key through [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. Return to step five when [Editing a Client's Episode data](#)
2. From the Episode **Edit Details** tab, click the **Edit Key** button

The screenshot shows a modal dialog box titled 'Edit Key'. Inside the dialog, there are two input fields: 'Old Episode Key' containing 'CL0001-E01' and 'New Episode Key' which is currently empty. Below the input fields are two buttons: 'Next' on the left and 'Edit Key' with a pencil icon on the right. The background of the dialog is a dark grey overlay.

3. Type in the new episode key and click **Next**
4. Double check the new key is correct and click **Save**. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the Episode's key has been saved, and the screen will now be displaying the updated episode key details in the Episode **View Details** tab.

Successfully updated episode's key as CL00001-E01



#### 5.2.3. Adding a Client's Episode data

You can add a client's episode data through [Viewing a Client's details](#) available on the **Data Entry** tab, by following these steps:

1. Once [Viewing a Client's Episodes](#)
2. Check to ensure the client does not have any open episodes already showing. (A client can only have one open episode at a provider organisation. [Episode](#))
3. Click the **Add Episode** tab

4. Enter the client's episode details. Mandatory fields are marked with an \* (Specification [Episode Data Elements](#))

#### Note

The Department has recently announced the “*Australian Government Mental Health Response to Bushfire Trauma*”. From January 2020, there is now a reserved **Episode Tag** **!br20** that can be easily selected or added to an Episode record if a new or existing client receives any services that meet the reporting requirements. While services funded under the response must report in-scope activity using this tag, all PHNs may use this tag. For more information please see [Reserved Tags - !br20](#).

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test Provider Organisation 1"

Summary    Details    **Episodes (2)**

[View Episodes](#)    [Add New Episode](#)    [? Episode](#)

**Note:** \* denotes a mandatory field

**Tags**

Australian Government Mental Health Response to Bushfire (lbr20) - Program guidance

[Add a tag](#)

<b>Organisation Path</b> PHN999:PO1	<b>Episode Key *</b> <input type="text"/>
<b>Client Key</b> CL0001	<b>End Date</b> <input type="text"/>
<b>Client Consent to Anonymised Data *</b> <input type="text"/>	<b>Completion Status</b> <input type="text"/>
<b>Continuity of Support *</b> <input type="text"/>	<b>Referral Date</b> <input type="text"/>
<b>Principal Focus of Treatment Plan *</b> <input type="text"/>	<b>GP Mental Health Treatment Plan Flag *</b> <input type="text"/>
<b>Homelessness Flag *</b> <input type="text"/>	<b>Area of usual residence, postcode *</b> <input type="text"/>
<b>Labour Force Status *</b> <input type="text"/>	<b>Employment Participation *</b> <input type="text"/>
<b>Source of Cash Income *</b> <input type="text"/>	<b>Health Care Card *</b> <input type="text"/>
<b>NDIS Participant *</b> <input type="text"/>	<b>Marital Status *</b> <input type="text"/>
<b>Suicide Referral Flag *</b> <input type="text"/>	<b>Principal Diagnosis *</b> <input type="text"/>
<b>Additional Diagnosis *</b> <input type="text"/>	<b>Medication Antipsychotics (N05A) *</b> <input type="text"/>
<b>Medication Anxiolytics (N05B) *</b> <input type="text"/>	<b>Medication Hypnotics and sedatives (N05C) *</b> <input type="text"/>
<b>Medication Antidepressants (N06A) *</b> <input type="text"/>	<b>Medication Psychostimulants and nootropics (N06B) *</b> <input type="text"/>
<b>Referrer Profession *</b> <input type="text"/>	<b>Referrer Organisation Type *</b> <input type="text"/>

**Save**

- Click the blue **Save** button. (If you decide not to add this client's episode, you can simply navigate away from this screen)

You will receive confirmation that the client's episode details have been added, and it will now be displaying these new details in the episode **View Details** tab.

Saved successfully



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Episode](#).

#### 5.2.4. Closing a Client's Episode

You can close a client's episode details through [Viewing a Client's details](#) available on the **Data Entry** tab, by following these steps:

1. Once [Viewing a Client's Episodes](#)
2. From the client's **Episode** table, click the **Episode Key** of the open episode
3. Click the **Edit Details** tab
4. Update the client's episode details, by entering an **End Date** and **Completion Status** (Specification [Episode Data Elements](#))

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test Provider Organisation 1"

## Episode starting 13/02/2016

[Details](#) [Collection Occasions \(4\)](#) [Service Contacts \(4\)](#)
**Suicide Referral** 
[View Details](#) [Edit Details](#)
**Note:** \* denotes a mandatory field**Tags**
 Australian Government Mental Health Response to Bushfire (lbr20) - Program guidance

lbr20 tag3 [Add a tag](#)
**Organisation Path**

PHN999:PO1

**Episode Key**


CL0001-E01

**Client Key**

CL0001

**End Date**

18/06/2016

**Client Consent to Anonymised Data \***

Yes

**Completion Status**

Episode closed administratively - client moved out of area

**Continuity of Support \***

No

**Referral Date**

12/02/2016

**Principal Focus of Treatment Plan \***

Low intensity psychological intervention

**GP Mental Health Treatment Plan Flag \***

Yes

**Homelessness Flag \***

Sleeping rough or in non-conventional accommodation

**Area of usual residence, postcode \***

2101

**Labour Force Status \***

Unemployed

**Employment Participation \***

Not applicable - not in the labour force

**Source of Cash Income \***

Other pension or benefit (not superannuation)

**Health Care Card \***

Yes

**NDIS Participant \***

No

**Marital Status \***

Never married

**Suicide Referral Flag \***

Yes

**Principal Diagnosis \***

107 - Acute stress disorder

**Additional Diagnosis \***

903 - Mixed anxiety and depressive symptoms

**Medication Antipsychotics (N05A) \***

No

**Medication Anxiolytics (N05B) \***

No

**Medication Hypnotics and sedatives (N05C) \***

No

**Medication Antidepressants (N06A) \***

No

**Medication Psychostimulants and nootropics (N06B) \***

No

**Referrer Profession \***

Psychiatrist

**Referrer Organisation Type \***

General Practice



5. Click the blue **Save** button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the client's episode details have been saved, and it will now be displaying these new details in the episode **View Details** tab.

Saved successfully



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Episode](#).

### 5.2.5. Deleting an Episode

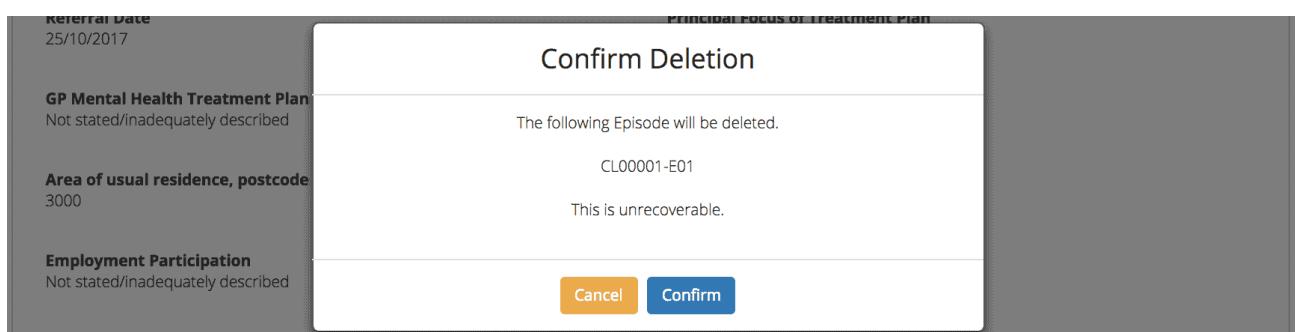
You can delete a client's episode through [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. [Search](#) for the client
2. From the [Client Search Results](#) table, click the **Client Key**
3. Click **Episodes** tab, to [view Client's Episodes](#)
4. From the [View Episodes](#) table, click the **Episode Key**
5. Click the red **Delete** button
6. You will either be displayed a [Confirm Delete](#) screen or a [Cannot Delete](#) screen

#### 5.2.5.1. Confirm Delete

**Please note: Once the episode is deleted, you will not be able to recover this episode data.**

1. Click the blue **Confirm** button to delete this episode. (or click the orange **Cancel** button if you decide not to delete this episode data)



After you click **Confirm**, you will receive confirmation that the episode has been deleted, and you will be redirected to [View Episodes](#) where the episode will no longer be displayed.

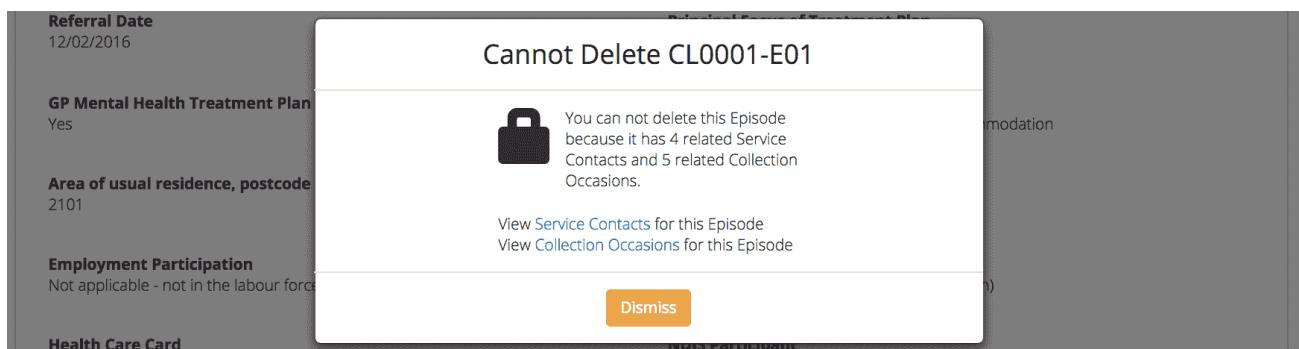
CL00001-E01 successfully deleted



### 5.2.5.2. Cannot Delete

If the episode you are trying to delete has any dependant records, you will not be able to proceed with deleting this episode until all the related records have been deleted.

1. You can click on the link provided to view the client's service contacts and collection occasions, or click the orange **Dismiss** button



See [Deleting a Service Contact](#) and [Deleting an Outcome Collection Occasion](#).

## 5.3. Service Contacts

- [Viewing a Client's Service Contacts for an Episode](#)
- [Editing a Client's Service Contacts for an Episode](#)
  - [Editing a Service Contact Key](#)
- [Adding a Client's Service Contact data](#)
- [Duplicating a Client's existing Service Contact data](#)
- [Deleting a Service Contact](#)

### 5.3.1. Viewing a Client's Service Contacts for an Episode

You can view a client's service contacts through [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. Navigate to [Viewing a Client's Episodes](#)
2. From the client's **Episode Details** tab, click the **Service Contacts** tab. The heading for this tab displays in brackets the total number of service contacts recorded in the PMHC MDS for this episode
3. A table will display all the Service Contacts linked to this client's Episode

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

### Episode starting 13/02/2016

Details	Collection Occasions (5)	Service Contacts (4)		
View Service Contacts Add New Service Contact				
		Filters  Show / Hide  Service Contact		
Service Contact Key	Practitioner Key	Service Contact Date	No Show	Tags
CL0001-E01-SC04	P01	05/04/2016	No	tag3
CL0001-E01-SC03	P01	29/03/2016	Yes	
CL0001-E01-SC02	P01	18/03/2016	No	tag1
CL0001-E01-SC01	P01	13/02/2016	Yes	

4. To view the Service Contact's details, click the blue **Service Contact Key**

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Episode starting 13/02/2016

### Service Contact on 13/02/2016

Details
<a href="#">View Details</a> <a href="#">Edit Details</a> Duplicate  Delete
<b>Tags</b>
<b>Organisation Path</b> PHN999:NFP01
<b>Service Contact Key</b> CL0001-E01-SC01
<b>Episode Key</b> CL0001-E01
<b>Practitioner Key</b> P01
<b>Date</b> 13/02/2016
<b>Type</b> Assessment
<b>Postcode</b> 1101
<b>Modality</b> Face to Face
<b>Participants</b> Individual client
<b>Venue</b> Client's Home
<b>Duration</b> 16-30 mins
<b>Copayment</b> 0.00
<b>Client Participation Indicator</b> Yes
<b>Interpreter Used</b> No
<b>No Show</b> Yes
<b>Final</b> Further services are planned for the client in the current episode

A page will display the Service Contacts details as recorded via the [Service Contact Data Elements](#).

### 5.3.2. Editing a Client's Service Contacts for an Episode

You can edit a client's service contacts through [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. Once [Viewing a Client's Service Contacts for an Episode](#)
2. From the **Service Contacts** table, click the **Service Contact Key**
3. Click the **Edit Service Contact** tab
4. Update the client's service contact details for that service contact. Mandatory fields are marked with an \* [\(Specification Service Contact Data Elements\)](#)
5. **Please note:** You can edit the Service Contact Key from this screen. See [Editing a Service Contact Key](#)

Home / Data Entry / Clients / CL0001@PHN999:NFP01 / Client Episodes / CL0001-E01 / Service Contacts / CL0001-E01-SC01 / Edit Details

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Episode starting 13/02/2016

### Service Contact on 13/02/2016

[Details](#)

[View Details](#) [Edit Details](#)

**Tags**  
Add a tag

<b>Organisation Path</b> PHN999:NFP01	<b>Service Contact Key</b> CL0001-E01-SC01	<a href="#">Edit Key</a>
<b>Episode Key</b> CL0001-E01	<b>Practitioner Key *</b> P01	<input type="checkbox"/> Include inactive practitioners
<b>Date *</b> 13/02/2016	<b>Type *</b> Assessment	
<b>Postcode *</b> 1101	<b>Modality *</b> Face to Face	
<b>Participants *</b> Individual client	<b>Venue *</b> Client's Home	
<b>Duration *</b> 16-30 mins	<b>Copayment *</b> 0.00	
<b>Client Participation Indicator *</b> Yes	<b>Interpreter Used *</b> No	
<b>No Show *</b> Yes	<b>Final *</b> Further services are planned for the client in the current episode	

[Save](#)

6. Click the blue **Save** button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the client's service contact details have been saved, and it will now be displaying these new details in the **View Service Contact Details** tab.

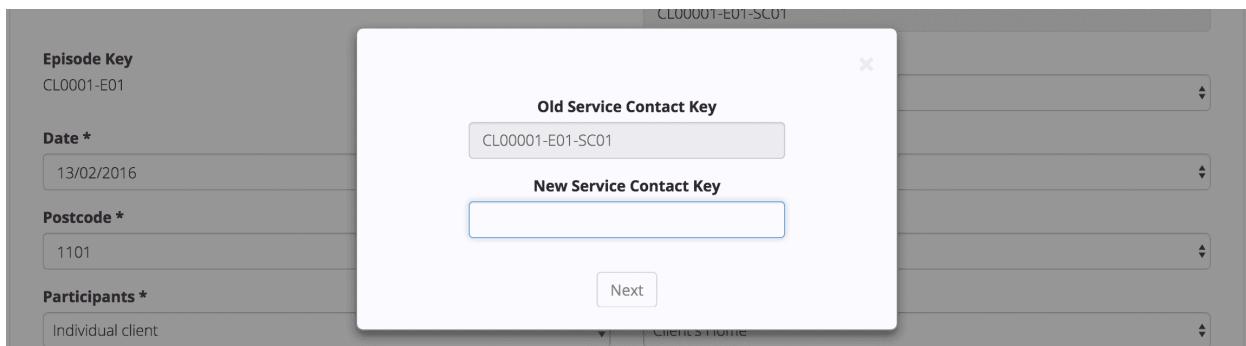


If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Service Contact](#).

### 5.3.2.1. Editing a Service Contact Key

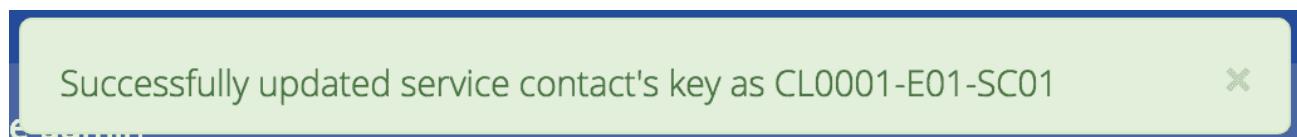
You can edit a service contact's identification key through [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. In step five when [Editing a Client's Service Contacts for an Episode](#)
2. From the **Service Contact Edit Details** tab, click the **Edit Key** button



3. Type in the new service contact key and click **Next**
4. Ensure the new key is correct and click save. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the Service Contact's key has been saved, and the screen will now be displaying the updated service contact key details in the service contact's **View Details** tab.



### 5.3.3. Adding a Client's Service Contact data

You can add a client's service contacts through the [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. Navigate to [Viewing a Client's Service Contacts for an Episode](#)
2. Ensure the service contact is not already showing
3. Click the **Add Service Contact** tab
4. Enter the client's service contact details for that episode. Mandatory fields are marked with an \* ([Specification Service Contact Data Elements](#))

Client "CL0001" at PHN "Test PHN", Provider Organisation "Not for Profit 1"

## ?

 Episode starting 13/02/2016

Details    Collection Occasions (3)    Service Contacts (4)

[View Service Contacts](#)    [Add New Service Contact](#)    [Service Contact](#)

**Tags**  
Add a tag

**Organisation Path**  
PHN999:NFP01

**Episode Key**  
CL0001-E01

**Date \***

**Postcode \***

**Participants \***

**Duration \***

**Client Participation Indicator \***

**No Show \***

**Service Contact Key \***

**Practitioner Key \***  
  Include inactive practitioners

**Type \***

**Modality \***

**Venue \***

**Copayment \***

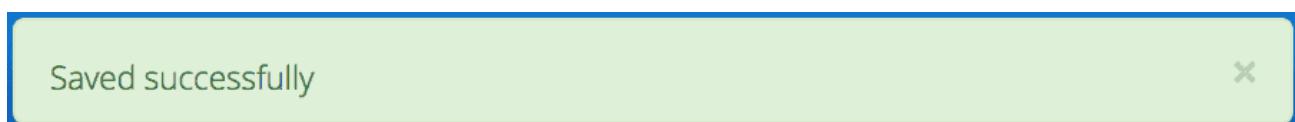
**Interpreter Used \***

**Final \***

**Save**

- Click the blue **Save** button. (If you decide not to add this client's episode, you can simply navigate away from this screen)

You will receive confirmation that the client's service contact details have been added, and it will now be displaying these new details in the **View Service Contact Details** tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Service Contact](#).

### 5.3.4. Duplicating a Client's existing Service Contact data

To improve the speed of data entry, users can now duplicate a previously recorded service contact. This process creates a new record with a copy of the fields recorded in the existing service contact record you have duplicated.

You can duplicate a client's service contacts through [Viewing a Client's Service Contacts for an Episode](#) available on the **Data Entry** tab, by following these steps:

1. Navigate to [Viewing a Client's Service Contacts for an Episode](#)
2. Click the **Duplicate this Service Contact** icon next to a record, or open the service contact record and click the **Duplicate** button
3. Complete the mandatory fields marked with an \* and review the pre-filled values (Specification [Service Contact Data Elements](#))

Home / Data Entry / Clients / CL0001@PHN999:NFP01 / Client Episodes / CL0001-E01 / Service Contacts / Add New Service Contact

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

### Episode starting 13/02/2016

Details

Collection Occasions (5)

Service Contacts (4)

[View Service Contacts](#)

[Add New Service Contact](#)

[? Service Contact](#)

#### Tags

[Add a tag](#)

#### Organisation Path

PHN999:NFP01

#### Episode Key

CL0001-E01

#### Date \*

#### Postcode \*

1101

#### Participants \*

Individual client

#### Duration \*

16-30 mins

#### Client Participation Indicator \*

Yes

#### No Show \*

Yes

#### Service Contact Key \*

#### Practitioner Key \*

Include inactive practitioners

P01

#### Type \*

Assessment

#### Modality \*

Face to Face

#### Venue \*

Client's Home

#### Copayment \*

0.00

#### Interpreter Used \*

No

#### Final \*

[Save](#)

4. Click the blue **Save** button. (If you decide not to duplicate this client's service contact, you can simply navigate away from this screen)

You will receive confirmation that the client's service contact details have been added, and it will now be displaying these new details in the **View Service Contact Details** tab.

Saved successfully

If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Service Contact](#).

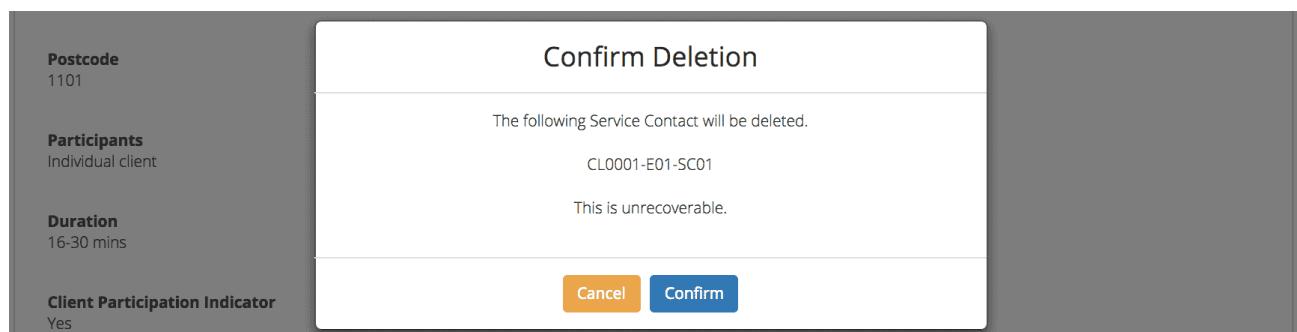
### 5.3.5. Deleting a Service Contact

You can delete a client's service contacts through '[Viewing a Client's Service Contacts for an Episode](#)' available on the **Data Entry** tab, by following these steps:

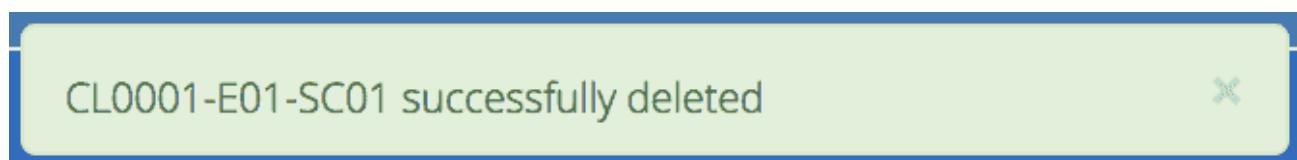
1. [Search](#) for the client
2. From the [Client Search Results](#) table, click the **Client Key**
3. Click the **Episodes** tab, to [view Client's Episodes](#)
4. From the [View Episodes](#) table, click the **Episode Key**
5. Click the **Service Contacts** tab, to [View Client's Service Contacts](#)
6. From the [View service contact](#) table, click the **Service Contact Key**
7. Click the red **Delete** button
8. You will be prompted to confirm the deletion

**Please note: You are not able to recover the data for a deleted service contact.**

9. Click the blue **Confirm** button to delete this service contact. (or click the orange **Cancel** button if you decide not to delete this service contact data)



After you click **Confirm**, you will receive confirmation that the service contact has been deleted, and you will be redirected to the [View Service Contacts](#) where the service contact will no longer be displayed.



### 5.4. Outcome Collection Occasions

- [Viewing a Client's Outcome Collection Occasions for an Episode](#)
- [Editing a Client's Outcome Collection Occasions for an Episode](#)
  - [Editing a Collection Occasion Key](#)
- [Adding a Client's Outcome Collection Occasion data](#)

- [Deleting an Outcome Collection Occasion](#)

#### 5.4.1. Viewing a Client's Outcome Collection Occasions for an Episode

You can view a client's outcome collection occasions through [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. When [Viewing the Client's Episode](#)
2. Click the **Episode Collection Occasions** tab This tab displays in brackets the total number of collection occasions recorded in the PMHC MDS for this episode.

A table will display all the collection occasions linked to this client's episode.

Home / Data Entry / Clients / CL0001@PHN999:PO1 / Client Episodes / E01 / Collection Occasions / View Collection Occasions

Client "CL0001" at PHN "Test PHN", Provider Organisation "ORGANISATION PHN999:PO1"

?

**Episode starting 13/02/2016**

Collection Occasion Key	Measure Type	Measure Date	Reason	Tags
CO01	K10+	12/02/2016	Episode start	
CO02	K10+	25/04/2016	Review	tag1
CO03	K10+	18/06/2016	Episode end	tag1

3. To view the collection occasion's details, click the blue **Collection Occasion Key**

Client "CL0001" at PHN "Test PHN", Provider Organisation "ORGANISATION PHN999:PO1"

Episode starting 13/02/2016

## Collection Occasion (K10+) on 17/07/2019

Details

View Details Edit Details Delete

**Tags**

<b>Organisation Path</b> PHN999:PO1	<b>Collection Occasion Key</b> CO01
<b>Episode Key</b> E01	<b>Measure Date</b> 12/02/2016
<b>Reason</b> Episode start	<b>Total Score</b> 28

K10+ Items Entry

In the last 4 weeks, about how often did you feel...	Answer
1. Tired out for no good reason?	9. Not stated / Missing
2. Nervous?	2. A little of the time
3. So nervous that nothing could calm you down?	3. Some of the time
4. Hopeless?	3. Some of the time
5. Restless or fidgety?	5. All of the time
6. So restless you could not sit still?	1. None of the time
7. Depressed?	2. A little of the time
8. That everything was an effort?	3. Some of the time
9. So sad that nothing could cheer you up?	4. Most of the time
10. Worthless?	5. All of the time
11. In the past four weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings?	1
12. Aside from those days, in the past four weeks, how many days were you able to work or study or manage your day to day activities, but had to cut down on what you did because of these feelings?	28
13. In the past four weeks, how many times have you seen a doctor or any other health professional about these feelings?	3
14. In the past four weeks, how often have physical health problems been the main cause of these feelings?	4. Most of the time

A page will display the collection occasion's details as recorded via the [Outcome Collection Occasion Data Elements](#).

### 5.4.2. Editing a Client's Outcome Collection Occasions for an Episode

You can edit a client's outcome collection occasions through [Viewing a Client's Outcome Collection Occasions for an Episode](#) available on the **Data Entry** tab, by following these steps:

1. Navigate to [Viewing a Client's Outcome Collection Occasions for an Episode](#)
2. Click the **Collection Occasion Key**
3. Click **Edit Details** tab
4. Update the client's collection occasion's details. Mandatory fields are marked with an \* (Specification [Outcome Collection Occasion Data Elements](#))
5. **Please note:** You can edit the **Collection Occasion Key** from this screen. See [Editing a Collection Occasion Key](#)

Client "CL0001" at PHN "Test PHN", Provider Organisation "ORGANISATION PHN999:PO1"

Episode starting 13/02/2016

## Collection Occasion (K10+) on 17/07/2019

[Details](#)

[View Details](#) [Edit Details](#)

**Tags**

Add a tag

<b>Organisation Path</b> PHN999:PO1	<b>Collection Occasion Key</b>	<a href="#">Edit Key</a>
	CO01	
<b>Episode Key</b> E01	<b>Measure Date *</b>	<input type="text" value="12/02/2016"/> <a href="#">Calendar</a>
<b>Reason *</b>	<input type="text" value="Episode start"/>	
K10+		
<b>In the last 4 weeks, about how often did you feel...</b>		<b>Answer</b>
1. Tired out for no good reason? *		<input type="text" value="9: Not stated / Missing"/>
2. Nervous? *		<input type="text" value="2: A little of the time"/>
3. So nervous that nothing could calm you down? *		<input type="text" value="3: Some of the time"/>
4. Hopeless? *		<input type="text" value="3: Some of the time"/>
5. Restless or fidgety? *		<input type="text" value="5: All of the time"/>
6. So restless you could not sit still? *		<input type="text" value="1: None of the time"/>
7. Depressed? *		<input type="text" value="2: A little of the time"/>
8. That everything was an effort? *		<input type="text" value="3: Some of the time"/>
9. So sad that nothing could cheer you up? *		<input type="text" value="4: Most of the time"/>
10. Worthless? *		<input type="text" value="5: All of the time"/>
11. In the past four weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings? *		<input type="text" value="1"/>
12. Aside from those days, in the past four weeks, how many days were you able to work or study or manage your day to day activities, but had to cut down on what you did because of these feelings? *		<input type="text" value="28"/>
13. In the past four weeks, how many times have you seen a doctor or any other health professional about these feelings? *		<input type="text" value="3"/>
14. In the past four weeks, how often have physical health problems been the main cause of these feelings? *		<input type="text" value="4: Most of the time"/>

- Click the blue **Save** button. (If you decide not to save changes, you can navigate away from this screen)

You will receive confirmation that the client's collection occasion's details have been saved, and it will now be displaying these new details in the **View Collection Occasion Details** tab.



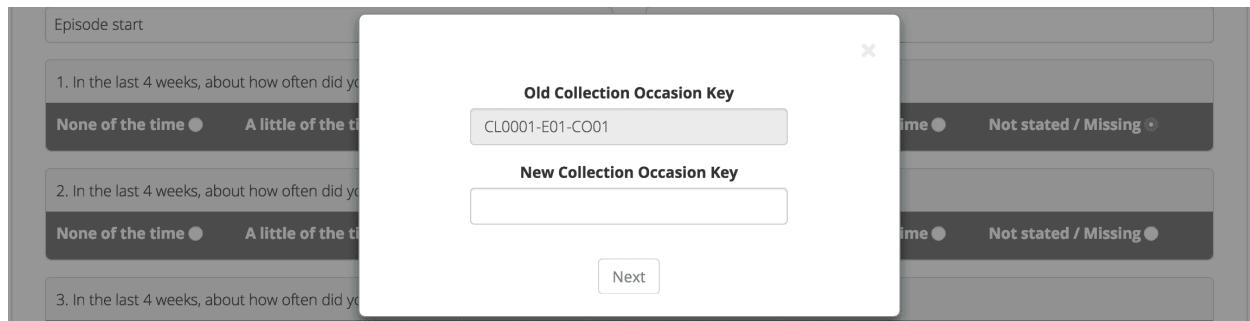
If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules for:

- [K10+](#)
- [K5](#)
- [SDQ](#)

#### 5.4.2.1. Editing a Collection Occasion Key

You can edit a collection occasion's identification key through [Viewing a Client's Episodes](#) available on the **Data Entry** tab, by following these steps:

1. In step five when [Editing a Client's Outcome Collection Occasions for an Episode](#)
2. From the **Collection Occasion Edit Details** tab, click the **Edit Key** button



3. Type in the new collection occasion key and click **Next**
4. Ensure the new key is correct and click **Save**. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the collection occasion's key has been saved, and the screen will now be displaying the updated collection occasion key details in the **Collection Occasion View Details** tab.



### 5.4.3. Adding a Client's Outcome Collection Occasion data

You can add a client's outcome collection occasions through [Viewing a Client's Outcome Collection Occasions for an Episode](#) available on the **Data Entry** tab, by following these steps:

1. Navigate to [Viewing a Client's Outcome Collection Occasions for an Episode](#)
2. Check that the collection occasion is not already showing
3. Click the **Add New Collection Occasion** tab
4. Select the collection occasion measure, either K10+, K5 or SDQ

Home / Data Entry / Clients / CL0001@PHN999:PO1 / Client Episodes / E01 / Collection Occasions / Add New Collection Occasion

Client "CL0001" at PHN "Test PHN", Provider Organisation "ORGANISATION PHN999:PO1"

?

Episode starting 13/02/2016

Details    Collection Occasions (3)    Service Contacts (4)

View Collection Occasions    Add New Collection Occasion    ? Collection Occasion

**Tags**  
Add a tag

**Organisation Path**  
PHN999:PO1

**Collection Occasion Key \***

**Episode Key**  
E01

**Measure Date \***

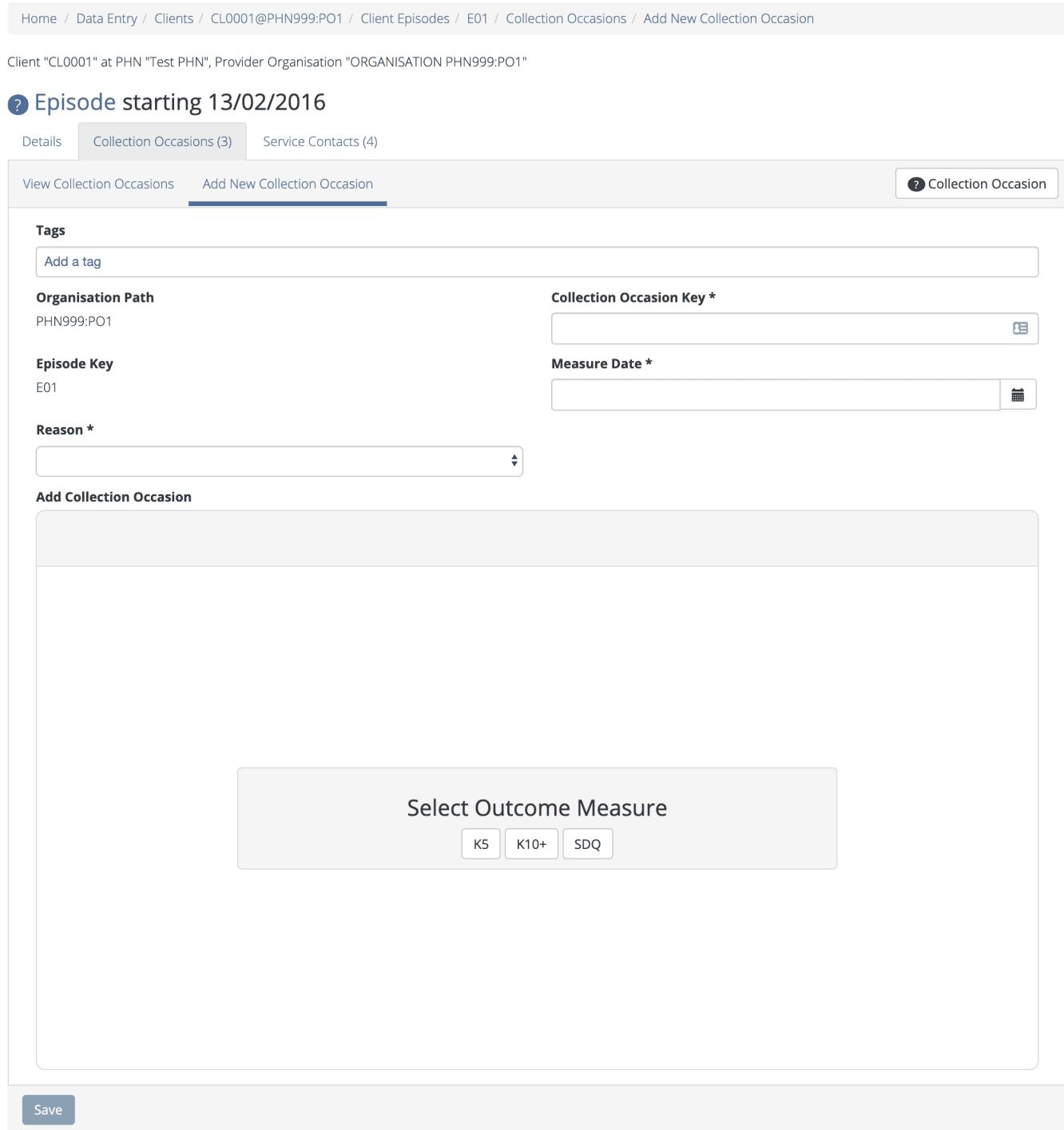
**Reason \***

Add Collection Occasion

Select Outcome Measure

K5    K10+    SDQ

Save



5. Select to enter the item scores or the total score. (Individual item scores will eventually be required and should

be entered when available)

Home / Data Entry / Clients / CL0001@PHN999:PO1 / Client Episodes / E01 / Collection Occasions / Add New Collection Occasion

Client "CL0001" at PHN "Test PHN", Provider Organisation "ORGANISATION PHN999:PO1"

## Episode starting 13/02/2016

Details

Collection Occasions (3)

Service Contacts (4)

View Collection Occasions

Add New Collection Occasion

Collection Occasion

### Tags

Add a tag

### Organisation Path

PHN999:PO1

### Collection Occasion Key \*



### Episode Key

E01

### Measure Date \*



### Reason \*

### Add Collection Occasion

Back

K10+

Enter item scores Enter total score

Save

6. Enter the client's collection occasion details for that episode. Mandatory fields are marked with an \*  
(Specification [Outcome Collection Occasion Data Elements](#))

Client "CL0001" at PHN "Test PHN", Provider Organisation "ORGANISATION PHN999:PO1"

## ?

 Episode starting 13/02/2016

Details

Collection Occasions (3)

Service Contacts (4)

View Collection Occasions

Add New Collection Occasion

?

Collection Occasion

**Tags**

Add a tag

**Organisation Path**

PHN999:PO1

**Collection Occasion Key \*****Episode Key**

E01

**Measure Date \*****Reason \***

**Add Collection Occasion**

Back

K10+

In the last 4 weeks, about how often did you feel...	Answer
1. Tired out for no good reason? *	
2. Nervous? *	
3. So nervous that nothing could calm you down? *	
4. Hopeless? *	
5. Restless or fidgety? *	
6. So restless you could not sit still? *	
7. Depressed? *	
8. That everything was an effort? *	
9. So sad that nothing could cheer you up? *	
10. Worthless? *	
11. In the past four weeks, how many days were you totally unable to work, study or manage your day to day activities because of these feelings? *	
12. Aside from those days, in the past four weeks, how many days were you able to work or study or manage your day to day activities, but had to cut down on what you did because of these feelings? *	
13. In the past four weeks, how many times have you seen a doctor or any other health professional about these feelings? *	
14. In the past four weeks, how often have physical health problems been the main cause of these feelings? *	

Save

7. Click the blue **Save** button. (If you decide not to add this collection occasion, you can navigate away from this screen)

You will receive confirmation that the client's collection occasion's details have been added, and it will now be displaying these new details in the **View Collection Occasion Details** tab.



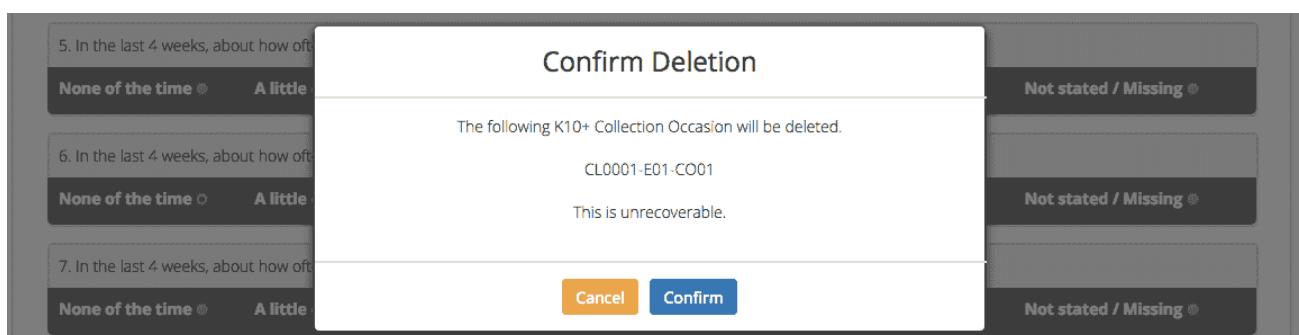
If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules for:

- [K10+](#)
- [K5](#)
- [SDQ](#)

#### 5.4.4. Deleting an Outcome Collection Occasion

You can delete a client's outcome collection occasion through [Viewing a Client's Outcome Collection Occasions for an Episode](#) available on the **Data Entry** tab, by following these steps:

1. [Search](#) for the client
2. From the [Client Search Results](#) table, click the **Client Key**
3. Click the **Episodes** tab, to [view Client's Episodes](#)
4. From the [View Episodes](#) table, click the **Episode Key**
5. Click the **Collection Occasions** tab, to [View Collection Occasions](#)
6. From the [View Collection Occasions](#) table, click the **Collection Occasion Key**
7. Click the red **Delete** button
8. You will be prompted to confirm the deletion
9. **Please note: Data can not be recovered for deleted collection occasions**
10. Click the blue **Confirm** button to delete this collection occasion. (or click the orange **Cancel** button if you decide not to delete this collection occasion data)



After you click **Confirm**, you will receive confirmation that the collection occasion has been deleted, and you will be redirected to the [View Collection Occasions](#) where the collection occasion will no longer be displayed.

CL0001-E01-C001 successfully deleted



## 5.5. Practitioners

- [Finding a Practitioner](#)
- [Viewing a Practitioner](#)
- [Viewing a Practitioner Providing Client Services](#)
- [Editing a Practitioner](#)
  - [Editing a Practitioner Key](#)
- [Adding a Practitioner](#)
- [Deleting a Practitioner](#)
  - [Confirm Delete](#)
  - [Cannot Delete](#)
- [Inactive Practitioners](#)

### 5.5.1. Finding a Practitioner

You can search for practitioners assigned to an organisation through the **Data Entry** tab, by following these steps:

1. Click the **Practitioners** tab

Home / Data Entry / Practitioners / View Practitioners

## Data Entry

Users with the Data Entry role can use this tab to view client files.

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

Practitioner Key	Organisation Path	Category	Gender	Year of Birth	Active
P01	PHN999:NFP01	General Practitioner	Other	1975	Active
P02	PHN999:NFP01	General Psychologist	Female	1967	Active
P03	PHN999:NFP01	Other Medical	Male	1952	Active
P04	PHN999:NFP01	Not stated	Not stated/Inadeq...	1939	Inactive
PR000010	PHN999:NFP02	General Psychologist	Male	1951	Active
PR000011	PHN999:NFP02	Mental Health Nurse	Female	1950	Active
PR000012	PHN999:NFP02	General Psychologist	Male	1949	Active
PR000013	PHN999:NFP02	Social Worker	Female	1958	Active
PR000014	PHN999:NFP02	Social Worker	Female	1947	Active
PR000015	PHN999:NFP02	General Psychologist	Female	1950	Active
PR000016	PHN999:NFP02	General Psychologist	Female	1962	Active

### 5.5.2. Viewing a Practitioner

You can view a practitioner's details through [Finding a Practitioner](#) on the **Data Entry** tab, by following these steps:

1. Click the **Practitioners** tab
2. Click the practitioner's key in blue displayed within the table

Home / Data Entry / Practitioners / P01@PHN999:NFP01 / View Details

## Practitioner "P01" at PHN "Test PHN", Provider Organisation "Test PO 1"

Details	
<a href="#">View Details</a> <a href="#">Edit Details</a> <a href="#" style="background-color: red; color: white; border: 1px solid black; padding: 2px 5px;">Delete</a>	
<b>Organisation Path</b> PHN999:NFP01	<b>Practitioner Key</b> P01
<b>Category</b> General Practitioner	<b>Active</b> Active
<b>Year of Birth</b> 1975	<b>Gender</b> Other
<b>Aboriginal and Torres Strait Islander Status</b> Aboriginal but not Torres Strait Islander origin	<b>ATSI Cultural Training</b> Yes
<b>Tags</b> tag1	

**Please note:** You can also view a practitioner's details through the **Client Data** tab. See [Viewing a Practitioner Providing Client Services](#)

### 5.5.3. Viewing a Practitioner Providing Client Services

You can view a practitioner's details through [Viewing a Client's Service Contacts for an Episode](#) on the **Data Entry** tab, by following these steps:

1. Navigate to [Viewing a Client's Service Contacts for an Episode](#)
2. From the **View Details** tab, click the **Practitioner Key**

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Episode starting 13/02/2016

## Service Contact on 13/02/2016

Details

View Details Edit Details Duplicate Delete

**Tags**

<b>Organisation Path</b> PHN999:NFP01	<b>Service Contact Key</b> CL0001-E01-SC01
<b>Episode Key</b> CL0001-E01	<b>Practitioner Key</b> P01
<b>Date</b> 13/02/2016	<b>Type</b> Assessment
<b>Postcode</b> 1101	<b>Modality</b> Face to Face
<b>Participants</b> Individual client	<b>Venue</b> Client's Home
<b>Duration</b> 16-30 mins	<b>Copayment</b> 0.00
<b>Client Participation Indicator</b> Yes	<b>Interpreter Used</b> No
<b>No Show</b> Yes	<b>Final</b> Further services are planned for the client in the current episode

A page will display the practitioner's details as recorded via the [Practitioner Data Elements](#).

## Practitioner "P01" at PHN "Test PHN", Provider Organisation "Test PO 1"

Details

View Details Edit Details Delete

**Organisation Path**  
PHN999:NFP01

**Practitioner Key**  
P01

**Category**  
General Practitioner

**Active**  
Active

**Year of Birth**  
1975

**Gender**  
Other

**Aboriginal and Torres Strait Islander Status**  
Aboriginal but not Torres Strait Islander origin

**ATSI Cultural Training**  
Yes

**Tags**  
tag1

#### 5.5.4. Editing a Practitioner

You can view a practitioner's details through [Finding a Practitioner](#) on the **Data Entry** tab, by following these steps:

1. Click the [Practitioners](#) tab
2. Click the practitioner's key in blue displayed within the table
3. From the **View Practitioner Details** tab, click the **Edit Details** tab
4. Update the practitioner's details. Mandatory fields are marked with an \*
5. **Please note:** You can edit the **Practitioner Key** from this screen. See [Editing a Practitioner Key](#)

Home / Data Entry / Practitioners / P01@PHN999:NFP01 / Edit Details

#### Practitioner "P01" at PHN "Test PHN", Provider Organisation "Test PO 1"

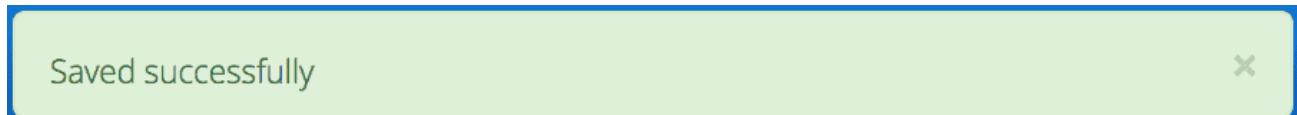
The screenshot shows the 'Edit Details' tab selected under the 'Practitioners' tab. The page displays the following fields:

- Organisation Path:** PHN999:NFP01
- Practitioner Key:** P01 (with a 'Edit Key' button)
- Category \***: General Practitioner
- Active \***: Active
- Year of Birth \***: 1975
- Gender \***: Other
- Aboriginal and Torres Strait Islander Status \***: Aboriginal but not Torres Strait Islander origin
- ATSI Cultural Training \***: Yes
- Tags**: tag1

A blue 'Save' button is located at the bottom left of the form.

6. Click the blue **Save** button. (If you decide not to save changes, you can navigate away from this screen)

You will receive confirmation that the practitioner's details have been added, and it will now be displaying these new details in the **View Practitioner Details** tab.

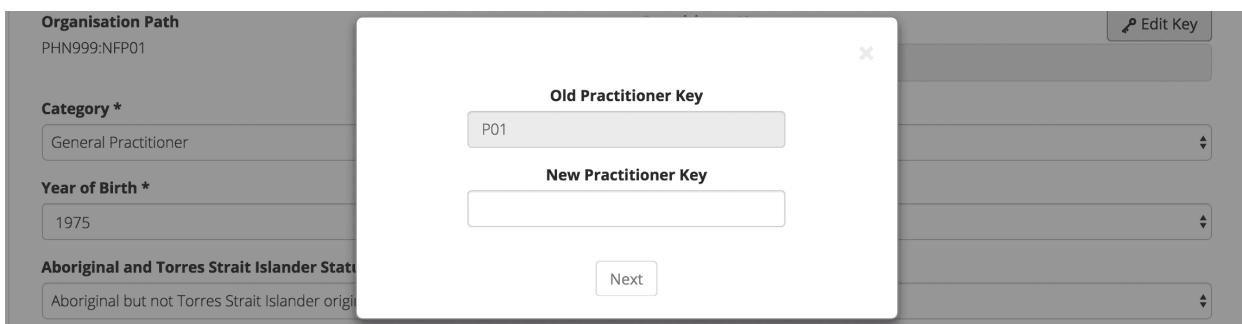


If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See [Validation Rules - Practitioner](#).

##### 5.5.4.1. Editing a Practitioner Key

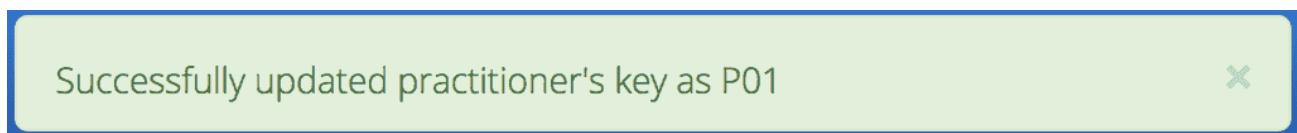
You can edit a practitioner's identification key through [Editing a Practitioner](#) available on the **Data Entry** tab, by following these steps:

1. In step five, when [Editing a Practitioner](#)
2. From the **Practitioner Edit Details** tab, click the **Edit Key** button



3. Type in the new practitioner key and click **Next**
4. Ensure the new key is correct and click **Save**. If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request.

You will receive confirmation that the **Practitioners Key** has been saved, and the screen will now be displaying the updated practitioner key details in the **Practitioner View Details** tab.



### 5.5.5. Adding a Practitioner

You can view a practitioner's details through [Finding a Practitioner](#) on the **Data Entry** tab, by following these steps:

1. Click the [Practitioners](#) tab
2. Click the [Add New Practitioner](#) tab
3. Enter the practitioner's details. Mandatory fields are marked with an \*

## Data Entry

Users with the Data Entry role can use this tab to view client files.

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

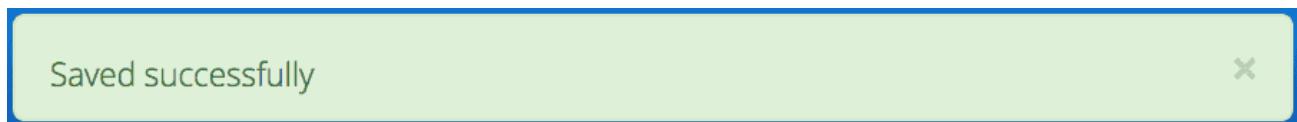
The screenshot shows the 'Add New Practitioner' form. At the top, there are tabs for 'Clients' and 'Practitioners', with 'Practitioners' being the active tab. Below the tabs are buttons for 'View Practitioners' and 'Add New Practitioner'. The main form area contains the following fields:

- Organisation Path \***: A dropdown menu showing:
  - PHN999
  - Test PO 1 ( PHN999:NFP01 )
  - Test PO 2 ( PHN999:NFP02 )
  - Test PO 3 ( PHN999:NFP03 )
- Practitioner Key \***: An empty text input field.
- ATSI Cultural Training \***: An empty text input field.
- Year of Birth \***: An empty text input field.
- Gender \***: An empty text input field.
- Aboriginal and Torres Strait Islander Status \***: An empty text input field.
- Active \***: An empty text input field.
- Tags**: An empty text input field.

At the bottom left is a blue 'Save' button.

- Click the blue **Save** button. (If you decide not to save changes, you can navigate away from this screen)

You will receive confirmation that the practitioner's details have been added, and it will now display these new details in the **View Practitioner Details** tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [Practitioner](#).

You can add practitioners individually through the data entry interface or alternatively, practitioner records can be uploaded in bulk. See [Upload](#).

### 5.5.6. Deleting a Practitioner

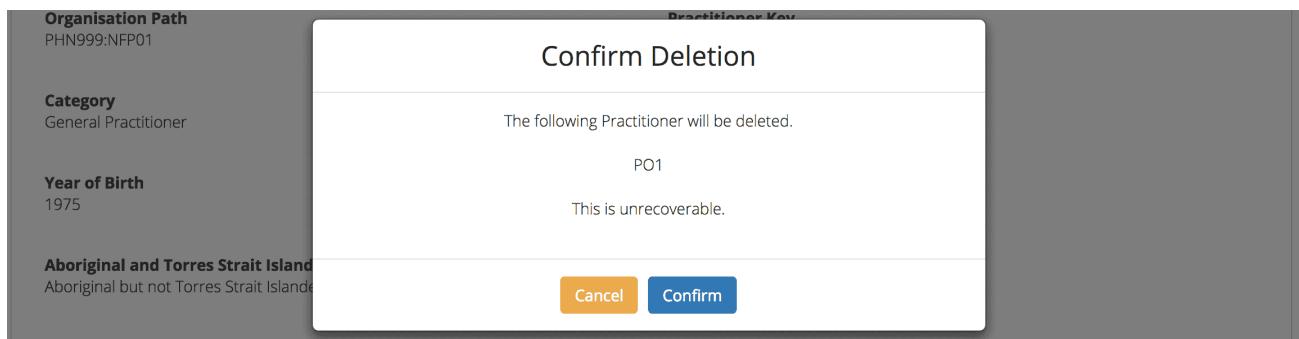
You can delete a practitioner's details through [Editing a Practitioner](#) on the **Data Entry** tab, by following these steps:

- Click the **Practitioners** tab
- Click the practitioner's key in blue displayed within the table
- Click the red **Delete** button
- You will either be shown a [Confirm Delete](#) screen or a [Cannot Delete](#) screen

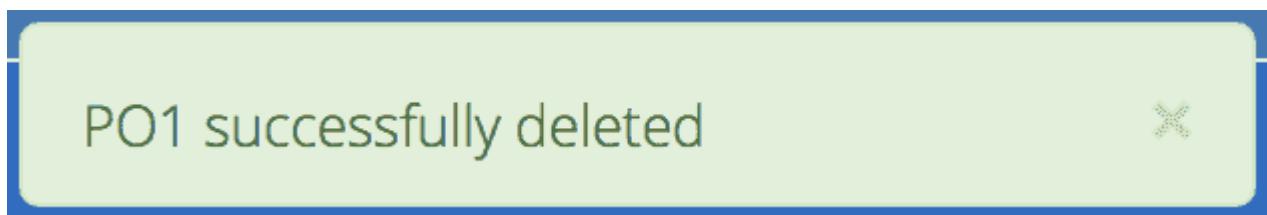
### 5.5.6.1. Confirm Delete

Please note: Data from deleted practitioners can not be recovered.

1. Click the blue **Confirm** button to delete this practitioner. (or click the orange **Cancel** button to cancel the deletion)



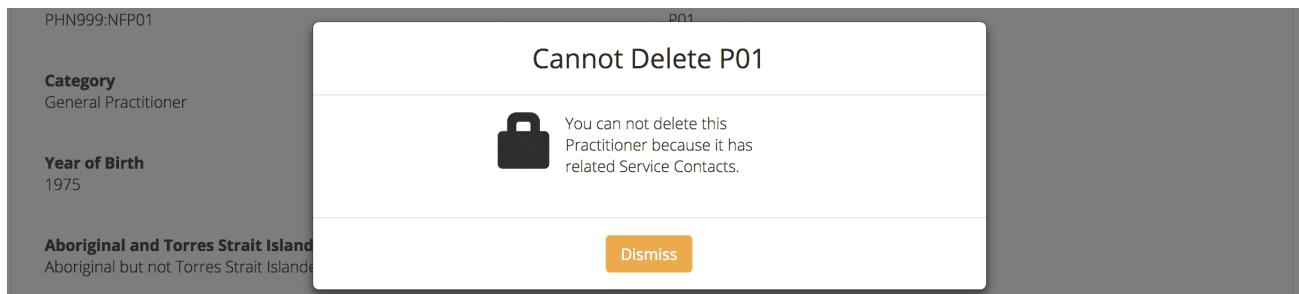
After you click **Confirm**, you will receive confirmation that the practitioner has been deleted, and you will be redirected to the [View Practitioners](#) where the practitioner will no longer be displayed.



### 5.5.6.2. Cannot Delete

If the practitioner you are trying to delete has any dependant records, you will not be able to proceed with deleting this practitioner until all the related records have been edited or deleted.

1. Click the orange **Dismiss** button



See [Editing a Client's Service Contacts for an Episode](#) or [Deleting a Service Contact](#).

### 5.5.7. Inactive Practitioners

Currently a practitioner can not be deleted from the PMHC MDS if they have any dependant records.

You can change the practitioner from 'active' to 'inactive' by editing their details. By doing this, the inactive practitioner keys will no longer be displayed in the **Practitioner Key** drop down list displayed on the **Service Contact** forms.

See [Editing a Practitioner](#).

## 6. Reports

- [How to produce a report](#)
- [Types of reports](#)
  - [Category A: Monitoring progress of MDS implementation](#)
  - [Category B: Monitoring overall service delivery](#)
  - [Category C: Monitoring implementation of stepped care](#)
  - [Category D: Key Performance Indicators](#)
  - [Category E: Reports for data managers to monitor data supply](#)

You will only be able to see the **Reports** tab if you have been assigned the 'Reporting' [Users Roles](#), when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the **Reports** tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role. If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the **Reports** tab, you will be able to view and export various [Types of reports](#).

The screenshot shows the 'Reports' tab selected in the top navigation bar. The main content area is titled 'Reports'. It contains fields for 'Select Report Type\*', 'Start Date\*', and 'End Date\*'. There is also a checkbox for 'Client Consent' and an 'Include only records with Client Consent' option. A large blue 'Request' button is at the bottom. The top right corner shows a user login status: 'Logged in as given-user48 surname-user48 ▾'.

Home Data Extract Reports SLK Logged in as given-user48 surname-user48 ▾

Home / Reports

## Reports

Users with the Reporting role can use this tab to request reporting data

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

Select Report Type\*

Start Date\* 17/12/2017

End Date\* 17/01/2018

**Client Consent**

Include only records with Client Consent

**Request**

## 6.1. How to produce a report

You can produce a system report by completing the fields in the **Reports** tab by following these steps:

1. Navigate to the **Reports** tab

The screenshot shows a user interface for generating reports. At the top, there is a breadcrumb navigation bar with 'Home / Reports'. Below it, the word 'Reports' is displayed in a large, bold font. A sub-instruction below 'Reports' states: 'Users with the Reporting role can use this tab to request reporting data'. A note about support follows: 'Support: For more information and assistance visit PMHC MDS Documentation. (link opens in a new window)'. The main form area has a title 'Select Report Type\*' with a dropdown menu. It includes two date input fields: 'Start Date\*' set to '08/12/2017' and 'End Date\*' set to '08/01/2018', each with a calendar icon. There is also a checkbox labeled 'Client Consent' with the sub-instruction 'Include only records with Client Consent'. At the bottom of the form is a blue 'Request' button.

2. Select the type of report you would like to produce
3. If you are allowed to produce reports for more than one organisation you will be asked to select an organisation name
4. Select the name of the organisation from the drop down list
5. Click the first calendar icon to select the start date and then the second calendar icon to select the end date
6. If you click the **Include only records with Client Consent** tickbox, the data for clients that have not consented to their anonymised data being provided to the Department of Health will be excluded from your report. (See [Episode – Client Consent to Anonymised Data](#))
7. Click the blue **Request** button
8. Your report will be displayed on screen and can be downloaded as a CSV

Note: If you are not sure what data is displayed in a report, please click on the [Counting Rules Explained](#) link.

## Report E1 - High level summary of overall volumes by entity for Test PHN; 01/10/2017 - 31/12/2017

<a href="#">Back</a>							
Organisation	Clients	Episodes	Service Contacts	K10+	K5	SDQ	Practitioners
Test ATSI Provider One	3	0	0	0	0	0	0
Test Provider Organisation 1	0	0	0	0	0	0	1
Test Provider Organisation 2	1	0	0	0	0	0	0
Test Provider Organisation NFP1	12	17	25	37	4	0	12
Test Provider Organisation NFP2	12	0	0	0	0	0	0
Total	28	17	25	37	4	0	13

**Generated on 08/01/2018 17:20:23 AEDT**

[Download as CSV](#) [Counting Rules Explained](#)

## 6.2. Types of reports

The reports are grouped into five categories, each designed to serve different purposes.

- [Category A: Monitoring progress of MDS implementation](#)
- [Category B: Monitoring overall service delivery](#)
- [Category C: Monitoring implementation of stepped care](#)
- [Category D: Key Performance Indicators](#)
- [Category E: Reports for data managers to monitor data supply](#)

### 6.2.1. Category A: Monitoring progress of MDS implementation

These reports are designed to assist monitoring MDS uptake and compliance with key business rules.

The reports provide summary data on:

- Volumes ('active clients'/'active episodes'/contacts)
- Data quality in terms of compliance with key business rules

#### Available category A reports

- [A1 – High level summary of overall volumes by entity](#)
- [A2 – Monthly volume trends](#)
- [A3 – Data quality report – Missing and invalid client data](#)
- [A4- Data quality report – Missing and invalid episode data](#)
- [A5 – Data quality report – Missing and invalid service contact data](#)
- [A6 – Data quality report – Missing and invalid practitioner data](#)
- [A7 – Open episodes with no service contact activity for 90+ days](#)

- A8 – Data quality report – Recording of outcome measures for open episodes
- A9 – Data quality report – Recording of outcome measures for completed episodes
- A10 – Data quality report – Missing and invalid Referral Dates

**Note:** A subset of these reports is included in [Category E: Reports for data managers to monitor data supply](#) without any filtering for active clients or episodes to enable organisational data managers to monitor ‘raw’ upload and data supply to the MDS.

#### **6.2.1.1. A1 – High level summary of overall volumes by entity**

This report is designed to provide a ‘one page’ view, with data aggregated for the specified reporting period, covering counts of clients, episodes and service contacts.

Key specifications:

- To be counted, a client must have had one or more Service Contacts in the reporting period, defined for this report’s purposes as ‘Active Clients’. Clients are counted uniquely regardless of number of episodes
- Episodes to be counted if one or more Service Contacts were recorded in the period – defined for this report purpose as ‘Active Episodes’
- All Service Contacts in the period are reported except those that are flagged as ‘No Show’
- All dates refer to date of service not date of data upload or data entry

#### **6.2.1.2. A2 – Monthly volume trends**

This report is designed to show volume trends in clients, episodes and service contacts. Each data point in the table and the chart shows monthly data.

Key specifications:

- To be counted, a client must have had one or more Service Contacts in the reporting period, defined for this report purposes as ‘Active Clients’. Clients are counted uniquely regardless of number of episodes
- Episodes to be counted if one or more Service Contacts was recorded in the period – defined for this report purpose as ‘Active Episodes’
- All Service Contacts in the period are reported except those that are flagged as ‘No Show’
- All dates refer to date of service not date of upload or data entry

#### **6.2.1.3. A3 – Data quality report – Missing and invalid client data**

The A3 reports are designed to identify Client data elements with significant amounts of missing or invalid data.

Two formats of this report are offered to users:

- [A3-1 – Data quality report – Missing and invalid client data – Summary](#)
- [A3-2 – Data quality report – Missing and invalid client data – Detail](#)

Key specifications:

- Clients to be counted uniquely regardless of number of episodes. To be counted, a client must have had one or more Service Contacts in the reporting period i.e. 'Active Clients'
- Service Contacts flagged as 'No Show' are not included for this purpose
- Missing/invalid data defined as: Data elements with null or invalid values, or where 'system generated' codes have been reported to denote 'not stated', 'inadequately defined' or 'missing'

#### **6.2.1.3.1. A3-1 – Data quality report – Missing and invalid client data – Summary**

Summary format provides a simple listing of missing/invalid data rates for relevant Client data elements, aggregated across the organisation, region or nationally.

#### **6.2.1.3.2. A3-2 – Data quality report – Missing and invalid client data – Detail**

Detailed format presents missing/invalid data rates at the entity level (PHN and Provider Organisation). For this version, the user selects the specific Client data element to be targeted for the report from a list of possible options.

Missing/invalid client data elements that can be selected for the A3-2 report are:

- Date of Birth
- Date of Birth Flag
- Gender
- ATSI status
- Country of Birth
- Main Language Spoken at Home
- Proficiency in Spoken English

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A3-1 report. Therefore this report is not made available to these users.

#### **6.2.1.4. A4- Data quality report – Missing and invalid episode data**

The A4 reports are designed to identify data Episode elements with significant amounts of missing or invalid data.

Two formats of this report are offered to users:

- [A4-1 – Data quality report – Missing and invalid episode data – Summary](#)
- [A4-2 – Data quality report – Missing and invalid episode data – Detail](#)

Some Episode data elements are not included in the options list as they are allowed to have a blank value (eg. Episode End Date) or there is no missing value provided in the specification and the system doesn't allow blank values to be submitted (eg. Principal Focus of Treatment Plan):

- Client Consent to Anonymised Data
- Episode End Date
- Episode Completion Status
- Episode Start Date
- Medication - Antipsychotics (N05A)
- Medication - Anxiolytics (N05B)
- Medication - Hypnotics and sedatives (N05C)
- Medication - Antidepressants (N06A)
- Medication - Psychostimulants and nootropics (N06B)
- Principal Focus of Treatment Plan

Key specifications:

- Report counts only 'active episodes'. An Episode is defined as 'active' if it has one or more Service Contacts recorded in the period
- Service Contacts flagged as 'No Show' are not included for this purpose
- Missing/invalid data defined as: Episode data elements with null or invalid values, or where 'system generated' codes have been reported to denote 'not stated', 'inadequately defined' or 'missing'

#### 6.2.1.4.1. A4-1 – Data quality report – Missing and invalid episode data – Summary

Summary format provides a simple listing of missing/invalid data rates for relevant Episode data elements, aggregated across the organisation, region or nationally.

#### 6.2.1.4.2. A4-2 – Data quality report – Missing and invalid episode data – Detail

Detailed format presents missing/invalid Episode data rates at the entity level (PHN and Provider Organisation). For this version, the user selects the specific Episode data element to be targeted for the missing/invalid data report from a list of possible options.

Missing/invalid episode data elements that can be selected for the A4-2 report are:

- Episode Referral Date
- Referrer Profession
- Referrer Organisation Type
- Suicide Referral Flag
- GP Mental Health Treatment Plan Flag
- Homelessness flag
- Area of Usual Residence, Postcode
- Labour Force Status
- Employment Participation

- Source of Cash Income
- Health Care Card
- NDIS Participant
- Marital Status
- Principal Diagnosis
- Additional Diagnosis

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A4-1 report. Therefore this report is not made available to these users.

#### **6.2.1.5. A5 – Data quality report – Missing and invalid service contact data**

The A5 reports are designed to identify Service Contact data elements with significant amounts of missing or invalid data.

Two formats of this report are offered to users:

- [A5-1 – Data quality report – Missing and invalid service contact data – Summary](#)
- [A5-2 – Data quality report – Missing and invalid service contact data – Detail](#)

Service Contacts flagged as 'No Show' are not included in this report.

Some service contact data elements are not included in the options list as there is no missing value provided in the specification and the system doesn't allow blank values to be submitted:

- Service Contact Date
- Service Contact Final
- Service Contact Type
- Service Contact Modality
- Service Contact Duration
- Service Contact Copayment
- Service Contact Client Participation Indicator
- Service Contact No Show

##### **6.2.1.5.1. A5-1 – Data quality report – Missing and invalid service contact data – Summary**

Summary format provides a simple listing of missing/invalid data rates for relevant Service Contact data elements, aggregated across the organisation, region or nationally.

##### **6.2.1.5.2. A5-2 – Data quality report – Missing and invalid service contact data – Detail**

Detailed format presents missing/invalid Service Contact data rates at the entity level (PHN and Provider Organisation). For this version, the user selects the Service Contact data to be targeted for the missing/invalid data report from a list of possible options.

Missing/invalid episode data elements that can be selected for the A5-2 report are:

- Service Contact Interpreter Used
- Service Contact Postcode
- Service Contact Participants
- Service Contact Venue

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A5-1 report. Therefore this report is not made available to these users.

#### **6.2.1.6. A6 – Data quality report – Missing and invalid practitioner data**

The A6 reports are designed to identify Practitioner data elements with significant amounts of missing data.

Two formats of this report are offered to users:

- [A6-1 – Data quality report – Missing and invalid practitioner data – Summary](#)
- [A6-2 – Data quality report – Missing and invalid practitioner data – Detail](#)

Key specifications:

- Report is confined only to ‘active practitioners’. A Practitioner is defined as ‘active’ if it they have recorded one or more Service Contacts in the period
- Service Contacts flagged as ‘No Show’ are not included for this purpose

##### **6.2.1.6.1. A6-1 – Data quality report – Missing and invalid practitioner data – Summary**

Summary format provides a simple listing of missing/invalid data rates for relevant data elements, aggregated across the organisation, region or nationally.

##### **6.2.1.6.2. A6-2 – Data quality report – Missing and invalid practitioner data – Detail**

Detailed format presents missing/invalid data rates at the entity level (PHN and Provider Organisation). For this version, the user selects the Practitioner data to be targeted for the missing/invalid data report from a list of options.

Missing/invalid episode data elements that can be selected for the A6-2 report are:

- Practitioner Category
- ATSI Cultural Training Flag
- Practitioner Year of Birth
- Gender
- Aboriginal and Torres Strait Islander Status

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A6-1 report. Therefore this report is not made available to these users.

#### **6.2.1.7. A7 – Open episodes with no service contact activity for 90+ days**

The A7 report is designed to allow monitoring of adherence to the requirement to close episodes where there are no further services scheduled for the client.

Setting of the 90 day threshold does not imply a strict business rule to close episodes where no contact has occurred for this period, but rather to identify episodes that may warrant review.

Key specifications:

- Open Episodes defined as those without an End Date or an End Date after the end date of the report
- Service Contacts flagged as 'No Show' are not included for this purpose

Unlike the A8 report, this report has no requirement to start during the reporting period.

#### **6.2.1.8. A8 – Data quality report – Recording of outcome measures for open episodes**

The A8 report is designed to show the percentage of open (not yet completed) episodes that have an outcome measure recorded at the Episode Start collection occasion. Its purpose is to allow monitoring of adherence to the minimum requirements for outcome recording – i.e. measures to be recorded at Episode Start and Episode End.

Report A9 examines a related aspect – the extent to which Completed Episodes have both Episode Start and Episode End measures.

Key specifications:

- Open Episodes defined as those without an End Date or an End Date after the end date of the report
- For this report, Episodes must also have an Episode Start Date equal to or greater than the report start date
- Only Episodes with one or more Service Contacts in the reporting period are included in the analysis (referred to as 'active episodes')
- Service Contacts flagged as 'No Show' are not included for this purpose
- Measures that have a total score of '99' are invalid and counted as 'no measure'

#### **6.2.1.9. A9 – Data quality report – Recording of outcome measures for completed episodes**

##### **! Note**

The criteria used for episode inclusion in this report have changed significantly in September 2019 to bring them into line with the [Out series reports \(Out-1 to Out-3\)](#).

The A9 report is designed to show the percentage of completed episodes that have outcome measures recorded. Its purpose is to allow monitoring of adherence to the minimum requirements for outcome recording – i.e. measures to be recorded at Episode Start and Episode End.

*Please note:* that unlike the requirements set out in at Episode Start and Episode End. [Out-3 – Completion rates for clinical outcome measures](#) for the Out series reports where the same measure must be collected at start and finish, the A9 will accept any combination of measures provided there is at least one at the start of the episode and one at the end of the episode.

Key specifications:

- Episodes must have an Episode End Date within the reporting period.
- Episodes must have had one or more Service Contacts not flagged as 'No Show', but not necessarily during the reporting period
- Measures that have a total score of '99' are invalid and counted as 'no measure'

#### **6.2.1.10. A10 – Data quality report – Missing and invalid Referral Dates**

The A10 report is designed to show the counts of episodes with missing and invalid Referral Dates. Its purpose is to allow monitoring of adherence to the minimum requirements for outcome recording – i.e. measures to be recorded at Episode Start and Episode End. For this report there are no date selections.

Key specifications:

- The three columns relating to Service Contacts ignore contacts flagged as 'No Show'
- The Service Contact used in Episodes with Referral date is the one with the earliest date that is also not marked as 'No Show'
- Referral > Date 1 year before Service Contact is defined as a Referral Date more than 365 days prior to the earliest (non no-show) Service Contact

#### **6.2.2. Category B: Monitoring overall service delivery**

These reports are designed to present a range of data in the form of summary tables. Their purpose is to allow the user to monitor overall service delivery based on counts of clients, episodes, and service contacts, stratified in various ways that depend on the data being sourced.

There are five reports in this series, each covering a specific data category (Clients, Episode, Service Contacts, Provider Organisations, and Practitioners).

## **Available category B reports**

- [B1 – Activity report – Client characteristics](#)
- [B2 – Activity report – Episode characteristics](#)
- [B3 – Activity report – Service Contact characteristics](#)
- [B4 – Activity report – Provider Organisation characteristics](#)
- [B5 – Activity report – Practitioner characteristics](#)
- [B6 – Client Outcomes](#)

### **6.2.2.1. B1 – Activity report – Client characteristics**

The B1 report is designed to allow selection of a Client stratification variable of interest, with a menu of options covering all core Client data fields.

Key specifications:

- Client to be counted uniquely regardless of number of episodes. To be counted, a client must have had one or more Service Contacts in the reporting period
- Counts of Episodes to be based only on 'active' Episodes, defined as those that had one or more Service Contacts recorded in the period
- Service Contacts flagged as 'No Show' are not included for this purpose
- Age is calculated at start of episode

### **6.2.2.2. B2 – Activity report – Episode characteristics**

The B2 report is designed to allow selection of an Episode stratification variable of interest, with a menu of options covering all core Episode data fields.

Key specifications:

- An Episode is defined as 'active' and in-scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes
- Service Contacts flagged as 'No Show' are not included for this purpose

### **6.2.2.3. B3 – Activity report – Service Contact characteristics**

The B3 report is designed to allow selection of a Service Contact stratification variable of interest, with a menu of options covering all core Service Contact fields.

Key specifications:

- Reporting by 'Service Contact No Show' element counts all service contacts by whether they are flagged as 'No Show'

- Otherwise, Service Contacts flagged as 'No Show' are not included in this report

#### **6.2.2.4. B4 – Activity report – Provider Organisation characteristics**

The B4 report is designed to allow selection of a Provider Organisation stratification variable of interest, with a menu of options covering all core Provider Organisation data fields.

Key specifications:

- A Provider Organisation is defined as 'active' if it has recorded and in-scope for this report if there is one or more Service Contacts recorded for the Provider Organisation in the period
- Service Contacts flagged as 'No Show' are not included for this purpose

#### **6.2.2.5. B5 – Activity report – Practitioner characteristics**

The B5 report is designed to allow selection of a Practitioner stratification variable of interest, with a menu of options covering all core Practitioner data fields.

Key specifications:

- A Practitioner is defined as 'active' and in-scope for this report if they have recorded one or more Service Contacts in the period
- Service Contacts flagged as 'No Show' are not included for this purpose

#### **6.2.2.6. B6 – Client Outcomes**

The B6 report is an extension of the outcome indicators that note significant clinical changes between episode start and finish. Out-1 and Out-2 ([Out-1 and Out-2 – Clinical outcomes](#)) are restricted to episodes with a principal focus of treatment classified as "Low intensity psychological interventions" and "Psychological therapies delivered by mental health professionals" respectively. The B6 extends this to any type of focus.

- The change for an episode is based on the effect size statistic which is defined as  $(\text{score at episode start} - \text{score at episode end}) / \text{standard deviation of episode start scores for all episodes}$
- Effect sizes of +0.5 or more constitute 'Significant improvement', -0.5 or less constitute 'Significant deterioration'. Effect sizes between -0.5 and 0.5 indicate 'No significant change'
- Out-1 includes only episodes identified as "Low intensity psychological interventions", Out-2 only those identified as "Psychological therapies delivered by mental health professionals"

#### **6.2.3. Category C: Monitoring implementation of stepped care**

This group of reports is based on composite data, built from cross-tabulation of data drawn from multiple levels of the PMHC data model – Clients, Episodes, Service Contacts, Practitioners.

Their purpose is to allow the user to monitor selected aspects of the implementation of the stepped care model.

The stepped care reports represent work in progress and will be subject to ongoing improvement with PHN feedback on their utility.

### Available category C reports

- [C1 – Stepped care report – Episode type by Client characteristics](#)
- [C2 – Stepped care report – Episode Type by Service Contacts Type](#)
- [C3 – Stepped care report – Episode Type by Service Contact Intensity](#)

#### **6.2.3.1. C1 – Stepped care report – Episode type by Client characteristics**

Purpose: To provide summary information on the characteristics of clients who receive different types of services, grouped by 'episode type'.

Client data fields to be selected by user from a list of options.

Key specifications:

- Only 'active episodes' are reported. An Episode is defined as 'active' and in scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Counts shown in the report refer to Episodes, and are displayed as numbers or percent column based on user selection
- Age is calculated at start of episode

Client data elements that can be selected for the C1 report are:

- Client age group based on Date of Birth, grouped to the following categories:
  - 0-11, 12-17, 18-24, 25-64, 65+
  - Each client assigned to only age group based on age at a fixed date (e.g., beginning of year)
- Indigenous status
- Area of Usual Residence
  - Grouped by Remoteness Classification (Major Cities, Outer Regional, Inner Regional, Remote, Very Remote)
- Principal diagnosis – High level grouping
  - Anxiety disorders
  - Affective (Mood) disorders
  - Substance use disorders
  - Psychotic disorder
  - Disorders with onset usually occurring in childhood and adolescence not listed elsewhere

- Other mental disorder
- No formal mental disorder but subsyndromal problem
- Gender
- Country of Birth – grouped to high level categories

#### **6.2.3.2. C2 – Stepped care report – Episode Type by Service Contacts Type**

Purpose: To provide summary information on the types of service contacts delivered within each of the episode types.

Key specifications:

- Only ‘active episodes’ are reported. An Episode is defined as ‘active’ and in scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes
- Service Contacts flagged as ‘No Show’ are not included for this purpose
- Counts shown in the report refer to Episodes, and are displayed as numbers or percent rows based on user selection

#### **6.2.3.3. C3 – Stepped care report – Episode Type by Service Contact Intensity**

Purpose: To provide summary information on the volumes of service delivered within each of the episode types.

Key specifications:

- Only ‘active episodes’ are reported. An Episode is defined as ‘active’ and in scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes
- Service Contacts flagged as ‘No Show’ are not included for this purpose
- Counts shown in the report refer to Episodes, and are displayed as numbers or percent rows based on user selection
- Total Clients is a unique count of clients, not the sum of the individual rows. Clients may be counted in more than one row

#### **6.2.4. Category D: Key Performance Indicators**

A set of 13 key performance indicators was introduced in July 2016, designed to monitor the progress of mental health reforms being led by Primary Health Networks (PHNs). The indicators covered activities related to the delivery of services in six priority areas set by government, along with two overarching program management indicators covering integrated service planning and delivery, and implementation of stepped care models of care.

All 13 indicators were subsequently incorporated in schedules for mental health program funding, requiring PHNs to report on performance annually. Data sources for the majority of indicators (11) are derived in full or part from the Primary Mental Health Care Minimum Data Set (PMHC MDS).

The mental health KPIs were introduced prior to the implementation of the current PHN Performance and Quality Framework (September 2018) and need to be positioned within that policy framework. One additional indicator was added to the mental health KPIs as a result of the new framework, bringing the total to 14.

9 of the 14 KPI reports will ultimately be available via the PMHC MDS. 7 are currently available.

#### Available category D reports

- [Acc-1 – Access to Low Intensity Services](#)
- [Acc-2 – Access to Psychological Services](#)
- [Acc-3 – Access to Clinical Care Coordination](#)
- [App-1 – Youth receiving youth-specific services](#)
- [App-2 – Indigenous Population receiving culturally appropriate services](#)
- [App-3 – Suicide Risk Followup](#)
- [Out series reports \(Out-1 to Out-3\)](#)
  - [Out-1 and Out-2 – Clinical outcomes](#)
  - [Out-3 – Completion rates for clinical outcome measures](#)
  - [Matching measure types](#)

The following reports are not available via the PMHC MDS as they require information that is not derived from the PMHC MDS:

- Eff-1 – Average cost of PHN-commissioned low intensity psychological intervention services
- Eff-2 – Average cost of PHN-commissioned psychological therapies delivered by mental health professionals
- Eff-3 – Average cost of PHN-commissioned clinical care coordination for people with severe and complex mental illness
- Prog-1 – Proportion of PHN annual flexible funding allocated to low intensity services, psychological therapies and services for people with severe and complex mental illness
- Prog-2 – Formalised partnerships with other regional service providers to support integrated regional planning and service delivery

##### **6.2.4.1. Acc-1 – Access to Low Intensity Services**

Purpose: Measure the proportion of regional population receiving PHN-commissioned low intensity psychological interventions

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they

- had one or more Service Contacts recorded in the period. The episode must have a 'Principal Focus of Treatment Plan' flagged as 'Low intensity psychological intervention'
- Service Contacts flagged as 'No Show' are not included for this purpose
  - Population is calculated from Estimated Regional Population figures
  - KPI is measured in clients per 100,000 population

#### **6.2.4.2. Acc-2 – Access to Psychological Services**

Purpose: Measure the proportion of regional population receiving PHN-commissioned psychological therapies delivered by mental health professionals.

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they had one or more Service Contacts recorded in the period. The episode must have a 'Principal Focus of Treatment Plan' flagged as 'Psychological therapy'
- Service Contacts flagged as 'No Show' are not included for this purpose
- Population is calculated from Estimated Regional Population figures
- KPI is measured in clients per 100,000 population

#### **6.2.4.3. Acc-3 – Access to Clinical Care Coordination**

Purpose: Measure the proportion of regional population receiving PHN-commissioned clinical care coordination for people with severe and complex mental illness.

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they had one or more Service Contacts recorded in the period. The episode must have a 'Principal Focus of Treatment Plan' flagged as 'Clinical care coordination'
- Service Contacts flagged as 'No Show' are not included for this purpose
- Population is calculated from Estimated Regional Population figures
- KPI is measured in clients per 100,000 population

#### **6.2.4.4. App-1 – Youth receiving youth-specific services**

Purpose: Measure the proportion of regional youth population receiving youth-specific mental health services.

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they are aged between 12-24 and had one or more Service Contacts recorded in the period. The episode must have

- a 'Principal Focus of Treatment Plan' flagged as 'Child and youth-specific mental health services'
- Service Contacts flagged as 'No Show' are not included for this purpose
- Population is calculated from Estimated Regional Population figures for people aged 12-24
- KPI is measured in clients per 100,000 population
- Age is calculated at start of episode

#### **6.2.4.5. App-2 – Indigenous Population receiving culturally appropriate services**

Purpose: Measure the proportion of PHN-commissioned mental health services delivered to the regional Indigenous population where the services were culturally appropriate.

Key specifications:

- Service contacts are in scope for inclusion in this report if they occurred within the reporting period and are not flagged as 'No Show'
- KPI is measured as the percentage of service contacts which are culturally appropriate
- A culturally appropriate service is defined as one that is delivered by a service provider that is recorded as of ATSI origin, or employed by an Aboriginal Community Controlled Health Service or has indicated that they have completed a recognised training programme in the delivery of culturally safe services to ATSI peoples

#### **6.2.4.6. App-3 – Suicide Risk Followup**

Purpose: Measure the proportion of people referred to PHN-commissioned services due to a recent suicide attempt or because they are at risk of suicide, who are followed up within 7 days of referral.

Key specifications:

- Only episodes with a referral date within the reporting period are included
- Service contacts which are flagged as 'No Show' are not included
- Service contacts where the Client Participation Indicator flag is 'No' are not included
- '% Episodes with Suicide Risk Flag %' counts the proportion of all episodes which are flagged as a suicide risk
- Other than in the '% Episodes with Suicide Risk Flag' column, only episodes flagged as suicide risk are counted
- Episodes where the first service contact occurred within 7 days are tabulated as '7 days or less'
- Episodes where no service contact occurred are tabulated as 'No Service Contact Occurred'
- KPI is measured as percentage of episodes flagged as a suicide risk which have a service contact within 7 days

#### **6.2.4.7. Out series reports (Out-1 to Out-3)**

##### **Note**

The Out series reports were released but not widely advertised in August 2019 with different specifications. The revised (current) specifications were released September 2019.

Key specifications applying to all Out series reports:

- Based on all episodes with an Episode End Date falling within the reporting period
- There must be at least one [attended contact](#) associated with the episode but it need not be in the reporting period
- To be counted as 'Matched', both an initial and final measure of matching type must be recorded. See [Matching measure types](#). Matching of measures in the Out series is tighter than that used in [A9 – Data quality report – Recording of outcome measures for completed episodes](#), so figures may vary between these reports.

#### 6.2.4.7.1. Out-1 and Out-2 – Clinical outcomes

- These indicators group the matched pairs for all episodes reported in Out-3 to indicate significant clinical changes between episode start and finish
- The change for an episode is based on the effect size statistic which is defined as (score at episode start – score at episode end) / standard deviation of episode start scores for all episodes
- Effect sizes of +0.5 or more constitute 'Significant improvement', -0.5 or less constitute 'Significant deterioration'. Effect sizes between -0.5 and +0.5 indicate 'No significant change'
- Out-1 includes only episodes identified as "Low intensity psychological interventions", Out-2 only those identified as "Psychological therapies delivered by mental health professionals"

#### 6.2.4.7.2. Out-3 – Completion rates for clinical outcome measures

- Reports the percentage of episodes completed in the reporting period that have outcome measures collected at both episode start and episode finish
- The All Episodes columns count episodes regardless of their [Episode Completion Status](#)
- The Treatment Concluded columns only include episodes that have an Episode Completion Status of 'Treatment Concluded'; administratively closed episodes are excluded
- The KPI % is defined as the number of Treatment Concluded episodes with a matched pair divided by the total number of Treatment Concluded episodes

#### 6.2.4.7.3. Matching measure types

Reports [Out series reports \(Out-1 to Out-3\)](#) require initial and final measures to have valid total score (not '99') and to be of matching type as per the following table:

Initial	Final
K5	K5
K10+	K10+
SDQ PC101	SDQ PC201
SDQ PY101	SDQ PY201
SDQ YR101	SDQ YR201

This rule is a little tighter than that used in [A9 – Data quality report – Recording of outcome measures for completed episodes](#), so figures may vary.

If an episode has more than one measure of the same type at the same collection occasion (e.g. there are two SDQ-PC values identified as 'Episode start') the mean score is used.

If an episode has a matched pair for more than one measure type only one is taken, according to the hierarchy K10+, K5, SDQ\_YR, SDQ\_PY, SDQ\_PC.

### **6.2.5. Category E: Reports for data managers to monitor data supply**

These reports are designed to assist in monitoring the amount and type of data that has been input into the MDS.

They are based on a subset of Category A reports but differ in two important ways:

- The reports are based on 'raw data', not filtered or trimmed by any data quality censoring. Comparable Category A reports restrict the reported data by specific edit criteria (e.g., Category A reports are only based on 'active clients', 'active episodes' and 'active providers')
- All dates refer to date of upload. Comparable Category A reports are based on date of service

Category E reports are specifically designed to enable PHN and Provider Organisation data managers to monitor upload and data supply to the MDS.

The reports provide summary data on:

- Raw volumes (clients/episodes/service contacts/collection occasions/practitioners) over time periods
- Raw volumes per day (clients/episodes/service contacts/collection occasions/practitioners)

#### **6.2.5.1. E1 – High level summary of overall volumes by entity**

This report is designed to provide a 'one page' view, with data aggregated for the specified reporting period, covering counts of clients, episodes, service contacts, collection occasions and practitioners, without any filtering for business rules.

Key specifications:

- All records to be counted with no filtering
- All dates refer to date of modification, not date of service

#### **6.2.5.2. E2 – Volume trends**

This report is designed to show volume trends in clients, episodes, service contacts, collection occasions and practitioners.

Key specifications:

- All records to be counted with no filtering
- All dates refer to date of insertion, not date of service
- Results are cumulative

#### **6.2.5.3. E3 – Activity per day**

This report will show a summary of the number of clients, episodes, service contacts, collections occasions and practitioners added or modified each day. Its purpose is to give entities information about when and how much data was added or modified.

Key specifications:

- All records to be counted with no filtering
- All dates refer to date of modification, not date of service

## **7. Data Extract**

- [How to download an organisation's data](#)
- [Dates explained for Data Extract](#)

You will only be able to see the **Data Extract** tab if you have been assigned the 'Reporting' [Users Roles](#), when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the **Data Extract** tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role. If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the **Data Extract** tab, you will see a form to request and download a data extract.

## Data Extract

Users with the Reporting role can use this tab to request reporting data

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

**Select Organisation\***

**Start Date\***

**Include data without associated dates.**

**End Date\***

**Select File Type\***

**Request**

[Associated Date Rules Explained](#)



PMHC-MDS managed by Strategic Data Pty Ltd | [Contact Support](#) | [User Documentation](#)

### 7.1. How to download an organisation's data

You can extract a PHN's or provider organisation's PMHC MDS data by completing the Download Data fields in the Data Extraction tab, by following these steps:

1. Navigate to the **Data Extract** tab
2. If you are allowed to download data from more than one organisation you will be asked to select an organisation name
3. Select the name of the organisation from the drop down list
4. Click the first calendar icon to select the start date and then the second calendar icon to select the end date
5. Click the checkbox labelled **Include data without associated dates**, if required.
6. **Please note:** As the query is date based the following data will not by default be included in the extract:
  - The start date of an episode is derived from the date of the first service contact. Therefore, if an episode doesn't have any associated service contacts, there will be no start date for the episode and they will not by default be included in the data extract
  - Clients that don't have any associated episodes, or who are associated with an episode with no service contacts will by default, not be included in the data extract
  - Practitioners who are not associated with a service contact will by default, not be included in the data extract
7. If you would like to include these episodes, clients and practitioners check the checkbox labelled **Include data without associated dates**
8. Select the appropriate file type to be downloaded

## Data Extract

Users with the Reporting role can use this tab to request reporting data

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

**Select Organisation\***  
Test PHN ( PHN999 )

**Start Date\***  
08/01/2018

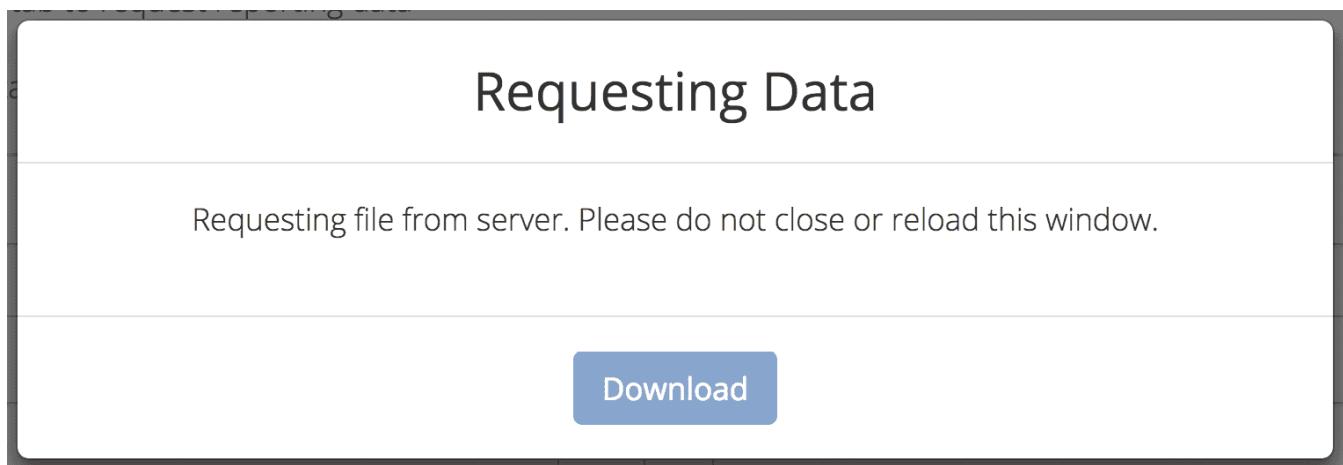
Include data without associated dates.

**End Date\***  
08/01/2018

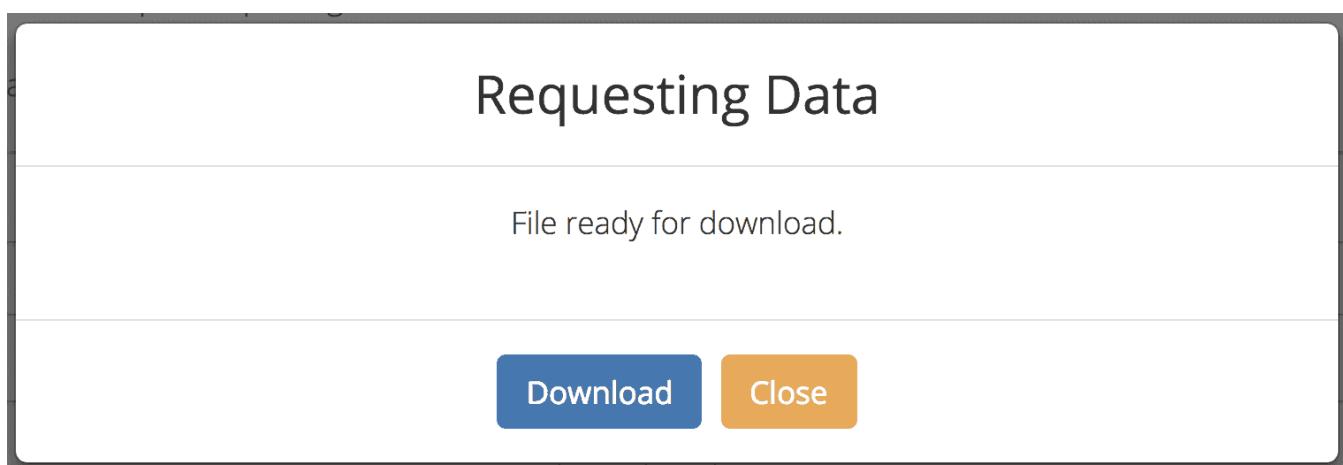
**Select File Type\***  
.xlsx

**Request** [Associated Date Rules Explained](#)

9. Click the blue **Request** button
10. A dialogue box will be displayed, showing that the file is being requested from the server



11. When the file is ready, a 'File ready for download' message will be displayed



12. Click the blue **Download** button
13. The data extract will be downloaded to your computer

## **7.2. Dates explained for Data Extract**

The Data Extract dates are based on the Client's Service Contact dates.

**Please note:** As the query is date based, the following data will by default, not be included in the extract:

- The start date of an episode is derived from the date of the first service contact. Therefore, if an episode doesn't have any associated service contacts, there will be no start date for the episode and they will not be included in the data extract
- Clients that don't have any associated episodes, or who are associated with an episode with no service contacts also will not be included in the data extract
- Practitioners who are not associated with a service contact will not be included in the data extract

If you would like to include these episodes, clients and practitioners check the checkbox labelled **Include data without associated dates**

See [How to download an organisation's data](#).

## **8. SLK**

We have provided a stand-alone generator that can be used without logging into the PMHC MDS on <https://pmhc-mds.net>. This allows users to generate a client's Statistical Linkage Key (SLK) to enter into upload files.



# Primary Mental Health Care Minimum Data Set

[Home](#)[SLK](#)[Sign in](#)[Home](#) // [SLK](#)

## Statistical Linkage Key Generator

The Statistical Linkage Key Generator can be used to create a client SLK. The SLK is generated on your device, no details are stored or transmitted over the network.

You can copy either of these SLK formats to be used within the Client Statistical Linkage Key field. ([link opens in a new window](#))

SLK

Generate SLK

<b>Given Name</b> <input type="text"/>	<b>Family Name</b> <input type="text"/>
<b>Date of Birth *</b> <input type="text"/>	<b>Gender</b> <input type="button" value="Not stated/Inadequately described"/>
<b>Generate Key</b>	

Department of Health



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To generate a SLK:

1. Navigate to the **SLK** tab. This will open up the SLK generator
2. Enter the following client details: **Given Name**, **Family Name**, **Date of Birth** and **Gender**
3. Click on the blue **Generate Key** button

## Statistical Linkage Key Generator

The Statistical Linkage Key Generator can be used to create a client SLK. The SLK is generated on your device, no details are stored or transmitted over the network.

You can copy either of these SLK formats to be used within the [Client Statistical Linkage Key field](#). (link opens in a new window)

SLK

Generate SLK

**Given Name**  
Firstname

**Date of Birth \***  
01/01/1901

**Family Name**  
Surname

**Gender**  
Other

**Generate Key**

Your statistical linkage key

<b>SLK</b> URAIR010119013	<b>Generated Hash</b> 7AZFQB02PQAZGXJ1Z89SNZ6306WDF0XC
<a href="#">Copy to clipboard</a>	<a href="#">Copy to clipboard</a>

4. The client's **SLK Key** and **Generated Hash** key will now be displayed
5. Click **Copy to clipboard** next to either of these items
6. Paste this information into your data file

*Please note: you can only copy one SLK at a time to the clipboard.*

## 9. Frequently Asked Questions

### 9.1. Concepts and Processes Frequently Asked Questions

#### 9.1.1. Questions about the scope of the MDS

- Coverage of community-based suicide prevention activities
  - Activities such as mental health and suicide awareness training and whole of community health promotion programs (non-clinical services) (e.g., Farm-Link). targeted at groups or whole communities, are not a good fit for the PHMC MDS. They are currently reported to the National Suicide Prevention Program) MDS which finishes on the 30th June 2016. What is the mechanism for the future?
- Coverage of digital health services
  - Are the PHNs expected to collect and upload all of the data outlined under the six Mental Health Priority Areas? If so it will be difficult to collect this data for referrals made to e-mental health sites such as mood gym, mind spot etc. There are also challenges around self-help groups.
- Coverage of whole of region services regardless of who funds
  - Are we only reporting on services and processes that we are commissioning and undertaking or the region as a whole?
- Appropriateness of occasions of service as a counting measure
  - This unit of counting is not appropriate for the full range of services that might be commissioned by PHNs,

for example, whole of community-oriented prevention activities

- Exclusion of 'non clinical' time
  - The MDS only captures actual clinical time. Administrative tasks such as arranging for case conferences, updating electronic health information records, undertaking program contractual management tasks, travelling to service provision venue amongst others, are currently not being captured.
- Are headspace services covered by the requirements?
  - Are services funded through headspace expected to collect the PHMC MDS?
- Are EPYS centres covered?
  - Are services funded as Early Psychosis Centres expected to collect the PHMC MDS?
- Coverage of Mental Health Nursing services
  - Are services previously delivered under MHNIP expected to collect the PHMC MDS?

PHNs raised a number of questions regarding the scope of the MDS and whether specific areas of commissioned activity were intended to be covered. The [Overview paper](#) covers the scope issue (page 4), an extract of which is copied below:

"The new arrangements are designed to capture data on PHN-commissioned mental health services delivered to individual clients, including group-based delivery to individual clients ...

**The scope of coverage will not extend to services targeted at communities**, such as the community capacity building activities previously funded under projects sourced from National Suicide Prevention Program funding. Collection and reporting of activities of this type requires a different approach to 'counting' and identification of the 'client'. PHNs commissioning activities of this type will have flexibility to establish local data reporting arrangements that suit requirements."

PHNs raised a number of questions to further clarify the scope of the PMHC MDS, summarised below.

#### **9.1.1.1. Coverage of community-based suicide prevention activities**

9.1.1.1. Activities such as mental health and suicide awareness training and whole of community health promotion programs (non-clinical services) (e.g., Farm-Link) targeted at groups or whole communities, are not a good fit for the PHMC MDS. They are currently reported to the National Suicide Prevention Program MDS which finishes on the 30th June 2016. What is the mechanism for the future?

PHN-commissioned services of this type are outside the scope of the PMHC MDS.

Regional whole-of-community suicide prevention activities previously funded directly by the Department and now transferred to PHNs (e.g., Farm-Link) have previously reported to the National Suicide Prevention Program MDS managed by Australian Healthcare Associates under contract to the Department. The Department is currently exploring options to continue this collection and will advise PHNs accordingly, with a view to ensuring continuity of reporting of community-based suicide prevention activities.

Suicide prevention oriented services provided to individuals are in scope for collection and reporting to the PMHC MDS.

### **9.1.1.2. Coverage of digital health services**

9.1.1.2.1. Are the PHNs expected to collect and upload all of the data outlined under the six Mental Health Priority Areas? If so it will be difficult to collect this data for referrals made to e-mental health sites such as mood gym, mind spot etc. There are also challenges around self-help groups.

As indicated, scope of coverage is all PHN-commissioned mental health services delivered to individual clients, regardless of mode of service delivery.

Digital health services present particular challenges that need to be unbundled to resolve a way forward. Where PHNs refer the consumer to self-help, clinician unmoderated assistance (e.g., Mood Gym), this is not a PHN-commissioned service as such and falls outside of the scope of collection. Similarly, referral to a nationally funded clinician-moderated service such as Mindspot is not a PHN-commissioned services and falls outside of scope, bypassing the need for data collection.

However, there are acknowledged issues where a PHN enters a funding agreement with a digital health provider to provide individually tailored, clinician-moderated services to specific populations within their regions. Such services clearly fall within scope. The Department is considering the options to capture the required data. These include setting up arrangements for digital providers to collect and submit data on behalf of PHNs.

### **9.1.1.3. Coverage of whole of region services regardless of who funds**

9.1.1.3.1. Are we only reporting on services and processes that we are commissioning and undertaking or the region as a whole?

The PMHC MDS is designed to cover only those services commissioned by PHNs.

### **9.1.1.4. Appropriateness of occasions of service as a counting measure**

9.1.1.4.1. This unit of counting is not appropriate for the full range of services that might be commissioned by PHNs, for example, whole of community-oriented prevention activities

This is agreed. The scope of the PMHC MDS does not cover every activity that a PHN may commission.

Where activities are outside the scope of the PMHC MDS, PHNS are expected to set up their own arrangements to collect data suitable for reporting purposes. See also the response above regarding [Coverage of community-based suicide prevention activities](#).

### **9.1.1.5. Exclusion of 'non clinical' time**

9.1.1.5.1. The MDS only captures actual clinical time. Administrative tasks such as arranging for case conferences, updating electronic health information records, undertaking program contractual management tasks, travelling to service provision venue amongst others, are currently not being captured.

The focus of the PMHC MDS collection is on clinical service delivery to individual clients. It is acknowledged that clinician have to undertake other activities to maintain their clinical work and time spent on these can be significant. However, any broadening of scope to include as mandatory other activities would create an unacceptable data reporting burden on clinical service providers, all of whom are practitioners independent of the PHN.

It should be noted however that the PMHC MDS differs from the previous ATAPS collection in allowing a range of services delivered ‘on behalf’ of the client to be recorded. Section 4.4 of the [Overview paper](#) (“Determining what activities are in scope for reporting as service contacts”) provides the relevant details.

#### **9.1.1.6. Are headspace services covered by the requirements?**

##### **9.1.1.6.1. Are services funded through headspace expected to collect the PHMC MDS?**

First-stage development of the MDS will not include existing youth-specific services (headspace, Early Psychosis Youth Services) that currently collect and report a standardised dataset to headspace National Office. Pending the future of these arrangements, and access to data by PHNs, the PHMC MDS can be expanded at a future stage to allow incorporation of headspace and Early Psychosis Youth Services should this be required.

#### **9.1.1.7. Are EPYS centres covered?**

##### **9.1.1.7.1. Are services funded as Early Psychosis Centres expected to collect the PHMC MDS?**

First-stage development of the MDS will not include existing youth-specific services (headspace, Early Psychosis Youth Services) that currently collect and report a standardised dataset to headspace National Office. Pending the future of these arrangements, and access to data by PHNs, the PHMC MDS can be expanded at a future stage to allow incorporation of headspace and Early Psychosis Youth Services should this be required.

#### **9.1.1.8. Coverage of Mental Health Nursing services**

##### **9.1.1.8.1. Are services previously delivered under MHNIP expected to collect the PHMC MDS?**

From July 2016, funding has been provided to PHNs through a flexible funding pool to enable commissioning of a wide range of primary mental healthcare and suicide prevention services at regional levels. As such the MHNIP and other programs that have transitioned into the flexible funding pool, and their associated guidelines, are no longer applicable.

All 31 PHNs are required to collect and enter/upload data into the PMHC MDS. The PMHC MDS has been developed to capture the broader range of mental health services now being commissioned by PHNs, including services previously delivered under MHNIP. However, principal responsibility for establishing regional arrangements for data collection and reporting rests with PHNs.

#### **9.1.2. Questions about Specific Data Items and Definitions**

- **Provider Organisation**
  - Provider organisation – solo practitioners: If the organisation is a sole trader private practitioner, does the organisation name become the providers name?
  - Provider Organisation ABN: Why is this needed?
- **Practitioner**
  - Practitioner category: Should there be separate categories for accredited mental health social workers and occupational therapists in mental health?
  - Principal Focus of Treatment Plan – Psychological Therapy: Is the Department going to provide a firm definition of a mental health professional under the new specifications – noting the intent of increased

flexibility to provide a workforce of mixed and flexible professional background?

- Client
  - Gender: Should there be consistency in how Practitioner and Client gender are collected?
  - Statistical Linkage Keys (SLK) - will these be generated in a similar manner to the ATAPS MDS?
- Episode
  - Diagnosis: Is this required across all service delivery areas, including low intensity services?
  - Diagnosis - DSM-IV: Why isn't DSM-V used as the standard given that that is the most current classification system?
  - Episode - Completion Status: If the client is referred elsewhere (i.e. not suitable for this service) would this be recorded as "Episode closed administratively-other reason" or should there be an additional code to capture this information?
  - GP mental health treatment plan: Can we include an item to capture whether the client has GP mental health treatment plan? Would be very useful from a planning and commissioning perspective.
  - Source of Cash Income, Income range: What is the rationale for these items? They are not relevant to PHNs and providers may not be comfortable in asking the questions.
  - One episode of care at a time: We have clients who are receiving treatment at multiple programs and require multiple episodes with different 'Principal Focus of Treatment Plan'. The PMHC MDS only allows one episode at a time for each client, defined at the level of the provider organisation. What do we do?
- Service Contact
  - Service contact - Definition: Does the definition extend to the writing of reports to assist the client in accessing appropriate services etc (although this may not involve 2 people)?
  - Service Contact - Duration: It is unclear if the expectation is to calculate all occasions of contact for an individual consumer over an entire 24-hour day or every individual contact recorded separately. A 24-hour or full work day summation of time would be useful.
  - Service Contact – No Show: When item "Service Contact - No Show" is selected as "Yes", it would be useful to capture how that time of appointment was used.
  - Service Contact – Type: This item includes limited options of the actual service function delivered e.g., more detailed information - CBT, ACT, DBT, mindfulness etc. These are all grouped under the category of structured psychological
  - Service Contact – Type: Is it possible to obtain further examples of "structured psychological interventions" and "other psychological interventions"? e.g., where would narrative therapy fit?

### **9.1.2.1. Provider Organisation**

9.1.2.1.1. Provider organisation – solo practitioners: If the organisation is a sole trader private practitioner, does the organisation name become the providers name?

The sole practitioner should use the trading name against which they have registered their ABN.

9.1.2.1.2. Provider Organisation ABN: Why is this needed?

Understanding the characteristics and number of Provider Organisations is important for both regional and national planning purposes, and requires an approach that uniquely identifies organisations. While Provider Organisation identifiers are set up by PHNs, these are only unique at the regional level. They therefore do not allow a national picture of the number and type of organisations engaged in the delivery of primary mental health care.

The ABN provides a simple and nationally unique organisation identifier. Organisation ABNs are also public domain information, being available via the Australian Business Register website.

### **9.1.2.2. Practitioner**

9.1.2.2.1. Practitioner category: Should there be separate categories for accredited mental health social workers and occupational therapists in mental health?

The coding options allows for separate identification of social workers and occupational therapists. PHNs are free to add additional details to their local collection on the proviso that any additions are capable of being mapped to the national MDS categories.

9.1.2.2.2. Principal Focus of Treatment Plan – Psychological Therapy: Is the Department going to provide a firm definition of a mental health professional under the new specifications – noting the intent of increased flexibility to provide a workforce of mixed and flexible professional background?

The concept of 'mental health professionals' has a specific meaning defined in the various guidance documentation prepared to support PHNs in implementation of reforms. It refers to service providers who meet the requirements for registration, credentialing or recognition as a qualified mental health professional and includes:

- Psychiatrists
- Registered Psychologists
- Clinical Psychologists
- Mental Health Nurses
- Occupational Therapists
- Social Workers
- Aboriginal and Torres Strait Islander health workers.

### **9.1.2.3. Client**

9.1.2.3.1. Gender: Should there be consistency in how Practitioner and Client gender are collected?

Yes. The data coding options are the same for both items and based on the new standards recently released by Australian Government Guidelines on the Recognition of Sex and Gender.

9.1.2.3.2. Statistical Linkage Keys (SLK) - will these be generated in a similar manner to the ATAPS MDS?

Yes.

Details on how the SLKs are created, are currently available on the [PMHC MDS Specifications - SLK](#). An SLK Generator has been developed on the [PMHC MDS - SLK tab](#).

See [SLK](#) for details how to use this feature.

#### **9.1.2.4. Episode**

9.1.2.4.1. Diagnosis: Is this required across all service delivery areas, including low intensity services?

Yes. While low intensity workers will not be qualified to assign a clinical diagnosis, it is expected that they will be working under the supervision of a clinically qualified mental health professional.

9.1.2.4.2. Diagnosis - DSM-IV: Why isn't DSM-V used as the standard given that that is the most current classification system?

The DSM-IV is the diagnostic classification currently used by the majority of Australian mental health clinicians. Any move to DSM-V would require confidence that most clinicians providing services through PHN commissioning arrangements have had training in, and moved across to, the new system. The Department does not believe that this is the case. Pending uptake of DSM-V, there is scope to change to the new classification in future versions of the PMHC MDS.

Additionally, as the diagnostic codes included in the PMHC MDS represent an abbreviated 'pick list', the decision to use either DSM-IV or DSM-V will not have material impact given the substantial common ground between the two classifications.

9.1.2.4.3. Episode - Completion Status: If the client is referred elsewhere (i.e. not suitable for this service) would this be recorded as "Episode closed administratively-other reason" or should there be an additional code to capture this information?

Under the new PMHC MDS, an episode does not formally commence until the client receives their first Service Contact. For referrals that do not lead to a Service Contact, and where the person is referred elsewhere, there is no need to open an Episode. However, based on previous experience with the ATAPS system, the Department understands that many PHNs are likely to want to do this as a means to track referrals that do not lead to Service Contacts, or to begin entering data prior to the first Service Contact. Therefore, there will be scope in the system to set up an Episode even if it does not lead to a Service Contact. Standard reports to be developed will build in capacity to monitor these and ensure that they are not counted in service delivery indicators. Where a referral is followed by an initial Service Contact, and the person is referred elsewhere due to being assessed as not suitable, or requires an alternative service, a new code for Episode- Completion Status has been added ("Episode closed administratively - client referred elsewhere").

9.1.2.4.4. GP mental health treatment plan: Can we include an item to capture whether the client has GP mental health treatment plan? Would be very useful from a planning and commissioning perspective.

The Department agrees that this is a useful item for both PHN and national purposes. It has been added to the final Version 1 specifications and is to be reported at the level of Episodes of Care.

9.1.2.4.5. Source of Cash Income, Income range: What is the rationale for these items? They are not relevant to PHNs and providers may not be comfortable in asking the questions.

Both items were intended to address key indicators of socioeconomic disadvantage of the consumers using PHN-commissioned services. The intent is to replace the previous 'low income' data item of the previous ATAPS/MHSRRA dataset which was poorly defined and of doubtful reliability.

Based on discussions we believe the intent of these data items is understood by most PHNs.

'Source of cash income' is a standard Meteor item that importantly, identifies whether the consumer is receiving government income support through a Disability Support Pension or other means. It is used in a number of data collections covering Australia Government funded human services.

Income range was intended as a supplementary measure to identify low income consumers. The Department has considered the feedback and agrees this data item is not the appropriate approach. It has been replaced by an alternative item – 'Health Care Card holder'.

The Department considers it essential for the data collection to have a reliable approach to identifying consumers who are economically challenged.

9.1.2.4.6. One episode of care at a time: We have clients who are receiving treatment at multiple programs and require multiple episodes with different 'Principal Focus of Treatment Plan'. The PMHC MDS only allows one episode at a time for each client, defined at the level of the provider organisation. What do we do?

The 'one episode at a time per organisation' rule is fundamental to the concepts underpinning the MDS. This rule has important implications, and is based on the long standing principle that, in bringing together all the various services used by an individual during their healthcare for a particular illness, the episode of care should be bundled to the highest level possible. This allows for a more accurate approach to understanding costs and outcomes at the patient level. A single episode of care may entail multiple service types, and service events which in some systems are bundled together under the concept of 'service episodes'. This situation is common in mental health care; for example where a consumer is simultaneously under the care of a community mental health team and a separate day program. Typically, the patient is registered at both centres and contacts are separately recorded by each service or team. But it's important to not confuse such 'service episodes', which are based on service characteristics, with the episode of care concept, which is patient based.

So the short response to the query is that no, the 'one episode of care at a time per organisation rule' should not be breached. The fact that the person is receiving multiple service types during the course of their episode is not a reason to break their care down into multiple episodes. Doing so would have consequences of subjecting the person to two sets of data collection and outcome measures (noting outcomes are needed for each episode).

It is essential the following aspects of the way episode types (as denoted by the Principal Focus of Treatment Plan) are conceptualised:

1. A single episode may include heterogeneous services, as outlined above.
2. The mix of services provided during a single episode is captured by the Service Type data item - collected at each Service Contact.
3. Classifying the episode type by Principal Focus of Treatment Plan requires a judgement to be made about the main focus of the services to be delivered to the client for the current episode of care following initial assessment. It is important to note that can be modified at a later stage if the initial judgement made proved to be incorrect.
4. Episodes are not defined by the source of funding.

Further detail on the concepts underpinning the PMHC MDS are outlined in the Overview paper at  
<https://www.pmhc-mds.com/doc/pmhc-mds-overview.pdf>

Several PHN organisations have also queried whether a new and separate episode can be opened when a client is shifted to a significantly different type of care from that originally envisaged. The PMHC does not require this, but also the PMHC does not prevent it. It's a clinical decision that can be made - i.e. a new episode can be opened (after the previous one is closed) when there is a significant shift in the type of care provided e.g., the client begins with a Low Intensity episode, because it was envisaged that the episode would be relatively brief/inexpensive, but in the course of treatment it became clear that the client had complex mental health issues that would warrant higher intensity services and over a more prolonged period. In such instances, the original episode can be closed, and a new one opened. However, the department does not believe this to be the best alternative as it artificially segments a continuous course of treatment into multiple episodes.

One innovation suggested by some PHNs is to establish a mechanism in the MDS collection to identify where an episode is closed to allow the person to be stepped up, or down, to a lower level of care. Specifically, the suggestion has been made that a new coding option should be added to the Episode Completion Status field to identify episodes that end due to a change in the type of care. The department will consider this as part of any changes made to the MDS in the future.

#### **9.1.2.5. Service Contact**

9.1.2.5.1. Service contact - Definition: Does the definition extend to the writing of reports to assist the client in accessing appropriate services etc (although this may not involve 2 people)?

No. See response to [Exclusion of 'non clinical' time](#).

As stated in the [Overview paper](#), Service contacts are defined as "the provision of a service by a PHN commissioned mental health service provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client and:

- must involve at least two persons, one of whom must be a mental health service provider, and
- can be either with the client or with a third party, such as a carer or family member, and/or other professional or mental health worker, or another service provider.

9.1.2.5.2. Service Contact - Duration: It is unclear if the expectation is to calculate all occasions of contact for an individual consumer over an entire 24-hour day or every individual contact recorded separately. A 24-hour or full work day summation of time would be useful.

In general, it is expected that each Service Contact is reported separately. However, PHNs have discretion on how to handle multiple contacts on a single day. The approach taken will depend on how PHNs commission and remunerate service providers. We have assumed that most services will be paid on a service contacts-as-delivered basis, and thus PHNS will want to track these. But where PHNs opt to remunerate at whole-of-episode of care basis, aggregating Service Contact-Duration to whole days may be a more efficient approach.

9.1.2.5.3. Service Contact - No Show: When item "Service Contact - No Show" is selected as "Yes", it would be useful to capture how that time of appointment was used.

The creation of the ‘No Show’ item represents a carry-over from the previous ATAPS collection, and was created at the request of the former Medicare Locals to monitor the extent to which this was impacting. As it does not represent a service contact as such, the Department does not believe it to be reasonable to require practitioners to report on how they used the ‘no show’ time.

**9.1.2.5.4. Service Contact – Type:** This item includes limited options of the actual service function delivered e.g., more detailed information - CBT, ACT, DBT, mindfulness etc. These are all grouped under the category of structured psychological

The approach taken in the PMHC MDS is to use a higher level grouping of interventions provided at each contact, designed to provide a simpler set of options for the practitioner to select from. More detailed lists of intervention types, where the provider is required to select from a long list of options, creates ‘selection burden’ on the provider and has proved of doubtful reliability. The former ATAPS system used a more detailed reporting on interventions, with practitioners reporting on the types of psychological interventions used, but this has not proved to be useful for regional or national purposes.

**9.1.2.5.5. Service Contact – Type:** Is it possible to obtain further examples of “structured psychological interventions” and “other psychological interventions”? e.g., where would narrative therapy fit?

The rationale for this item is explained in the [Overview paper](#), along with definitions of the following major categories:

- Assessment
- Structured psychological intervention
- Other psychological intervention
- Clinical care coordination/liaison
- Clinical nursing services
- Child or youth specific assistance NEC
- Suicide prevention specific assistance NEC
- Cultural specific assistance NEC

Exhaustive inclusion lists are not provided, but structured psychological interventions are indicated to include, but not be limited to:

- Psycho-education (including motivational interviewing)
- Cognitive-behavioural therapies
- Relaxation strategies
- Skills training
- Interpersonal therapy

Narrative therapy would best fit in the category ‘Other Psychological interventions’, defined as those psychological interventions that do meet criteria for structured psychological intervention.

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### **9.1.3. Questions about Standard Outcome Measures**

- Consumer experience measures
  - Why isn't a measure of consumer experience of services added to the PMHC MDS? This is needed to capture a person centred approach to commissioned services. Is the Department planning on developing a standard measure for use by PHNs?
- Alternative outcome measures – for severe mental illness
  - The K10 has been selected as the outcome tool across all populations. Is there scope to include an alternative measure for those with severe mental illness?
- Alternative measures – additional measures set by PHNS
  - Can the measures be extended to include the Depression, Anxiety Stress Scale (DASS) and Modified Scale Suicide Ideation (MSSI)?
- Mandatory measures – applicable to all priority areas?
  - Is the K10 and SDQ for children going to be required across all priority areas?
- Use of collection reported by Referrer
  - Does the collection occasion date (for the first outcome measure) need to correspond to the first service contact date? It is possible that the referrer may have already completed this measure with the client at time of referral.
- K5 for Aboriginal and Torres Strait Islander population
  - The definitions document details the K10+, K5 and SDQ as the possible measures but the PMHC MDS overview document only mentions the K10+ for adults and the SDQ for children and young people. Is the K5 recommended for an Aboriginal and Torres Strait Islander population?
- SDQ for 2-4 year olds
  - We collect data for younger children using the SDQ 2-4 year olds. Please clarify whether we should continue this, given that the SDQ is listed as covering only 4- 11 year olds.
- Multiple collection occasions
  - It is essential that the PMHC MDS have capacity for numerous outcome measure scores to be recorded against a single episode.
- Outcome measure date
  - To gather meaningful clinical outcome data, the PMHC MDS needs to allow a date to be added against each measure administered.
- Low intensity workers
  - Use of clinical outcome measure for low intensity interventions is questionable given non-mental health professionals will deliver this service.
- Reporting individual item scores versus subscale totals and total score
  - The ATAPS system only required totals and subscale scores to be reported but the PMHC MDS requires all individual scores to be reported. This may not be practical for many service providers because it adds a significant reporting burden.
- Statistical significance
  - Please specify whether measured changes should be statistically significant.
- MHNIP outcome measures
  - The PHMC MDS requires the K10+, K5 or SDQ to be captured, however for MHNIP the DoH 2015-16

guidelines requires providers to capture the HoNOS. Can we record HoNOS through PMHC MDS?

#### **9.1.3.1. Consumer experience measures**

9.1.3.1.1. Why isn't a measure of consumer experience of services added to the PMHC MDS? This is needed to capture a person centred approach to commissioned services. Is the Department planning on developing a standard measure for use by PHNs?

The Department has previously acknowledged the importance of capturing consumer experience of service delivery as an essential measure of service quality. Considerable work has been funded by the Department since 2010 to develop the 'Your Experience of Services' (YES) consumer survey instrument that is currently being rolled out in several state and territory mental health services and non-government agencies. However, this instrument will need modification to enable a better fit to primary mental health care services and the Department will give this consideration. It is agreed that a nationally consistent tool is highly desirable.

An important caveat is that, assuming a national tool is developed, any collection would sit outside a routine minimum data set collection. Consumer experience measures are usually offered to consumers on a voluntary, opt-in basis and are completed anonymously in way that is not linked to MDS data. They are also usually collected on a periodic basis (e.g., annually) rather than as a routine requirement of service delivery, unlike standard outcome measures.

Further work on this will be considered as a component of establishing a quality framework for primary mental health care services.

#### **9.1.3.2. Alternative outcome measures – for severe mental illness**

9.1.3.2.1. The K10 has been selected as the outcome tool across all populations. Is there scope to include an alternative measure for those with severe mental illness?

The issues entailed in the specification of mandatory outcome measures are covered in section 4.7 of the [Overview paper](#). Key selection criteria include that the core measures should be meaningful and applicable across all client groups, be capable of being used by all service providers, and reflect the client's perspective – that is, be based on self-report. The K10 is regarded as meeting all these essential elements. An important note is that the K10 is the mandatory measure used by four state and territory jurisdictions' specialised mental health services which predominantly focus on consumers with severe mental illness. Nationally, the K10+ is the consumer self-report outcome measure that has the highest level of consumer uptake across state and territory mental health services.

Each PHN has the capacity to add additional outcome measures to their own regional data collection systems to meet local requirements but these are not necessary for reporting the national data PMHC minimum data set.

#### **9.1.3.3. Alternative measures – additional measures set by PHNS**

9.1.3.3.1. Can the measures be extended to include the Depression, Anxiety Stress Scale (DASS) and Modified Scale Suicide Ideation (MSSI)?

As per [Capturing additional data](#), each PHN has the capacity to add additional outcome measures to their own regional data collection systems to meet local requirements but these are not necessary for reporting the national data PMHC minimum data set.

#### **9.1.3.4. Mandatory measures – applicable to all priority areas?**

##### **9.1.3.4.1. Is the K10 and SDQ for children going to be required across all priority areas?**

Yes – noting that the K5 is included as an alternative to the K10 for use with Aboriginal and Torres Strait Islander clients.

#### **9.1.3.5. Use of collection reported by Referrer**

##### **9.1.3.5.1. Does the collection occasion date (for the first outcome measure) need to correspond to the first service contact date? It is possible that the referrer may have already completed this measure with the client at time of referral.**

The first Collection Occasion for the outcome measure should correspond as closely as possible to the Episode Start date. If the measure has been collected and reported by the Referrer shortly before this date, it is acceptable for those scores to be used even though it will predate the Episode Start date.

#### **9.1.3.6. K5 for Aboriginal and Torres Strait Islander population**

##### **9.1.3.6.1. The definitions document details the K10+, K5 and SDQ as the possible measures but the PMHC MDS overview document only mentions the K10+ for adults and the SDQ for children and young people. Is the K5 recommended for an Aboriginal and Torres Strait Islander population?**

The K5 is included as an alternative to the K10 for use with Aboriginal and Torres Strait Islander clients. A version of the instrument will be made available on the PMHC MDS website. The overview document will be amended accordingly to include the K5.

#### **9.1.3.7. SDQ for 2-4 year olds**

##### **9.1.3.7.1. We collect data for younger children using the SDQ 2-4 year olds. Please clarify whether we should continue this, given that the SDQ is listed as covering only 4- 11 year olds.**

There are no mandated measures for children less than 4 years of age simply because there is not yet a nationally agreed standard for this age group. Work is under way to redesign the HoNOSCA but that is not yet complete. PHNs do however have the flexibility to add additional measures to meet local requirements but these are not included in the PMH MDS.

#### **9.1.3.8. Multiple collection occasions**

##### **9.1.3.8.1. It is essential that the PMHC MDS have capacity for numerous outcome measure scores to be recorded against a single episode.**

The new arrangements will allow this. Collection Occasions between Episode Start and Episode End are termed ‘Review’. There is no limit in the number of Review Collection Occasions.

#### **9.1.3.9. Outcome measure date**

##### **9.1.3.9.1. To gather meaningful clinical outcome data, the PMHC MDS needs to allow a date to be added against each measure administered.**

The data item Collection Occasion Date is included in the PMHC MDS to achieve this.

#### **9.1.3.10. Low intensity workers**

9.1.3.10.1. Use of clinical outcome measure for low intensity interventions is questionable given non-mental health professionals will deliver this service.

The mandated measures are based on consumer self-report rather than clinician-completed. They can be offered and collected by low intensity workers.

#### **9.1.3.11. Reporting individual item scores versus subscale totals and total score**

9.1.3.11.1. The ATAPS system only required totals and subscale scores to be reported but the PMHC MDS requires all individual scores to be reported. This may not be practical for many service providers because it adds a significant reporting burden.

The PMHC MDS requires individual item scores because these provide a stronger basis for understanding outcomes, and avoid the necessity for providers having to calculate subscale scores (on the SDQ). However, it is acknowledged that this may not be possible in the short term for all providers. Therefore, as a transitional step, reporting overall scores/subscales is allowed. This means:

- For the K10+, providers can either report all 14 item scores or report the K10 total score as well as item scores for the 4 extra items in the K10+.
- For the K5, providers can either report all 5 item scores or report the K5 total score.
- For the SDQ, providers can either report all 42 item scores or report the SDQ subscale scores.

The Department will advise PHNs of when this transitional arrangement will be ceased and individual item scores required for all measures.

Additionally, the Department is giving consideration to developing a web-based reporting arrangement that would allow the client to complete and submit the outcomes data, bypassing the need for practitioners to undertake collection and reporting.

#### **9.1.3.12. Statistical significance**

9.1.3.12.1. Please specify whether measured changes should be statistically significant.

No, the data required for the immediate future by the PMHC MDS are individual item scores, or as noted above, subscale scores and totals. These will be used to derive a range of change indicators.

#### **9.1.3.13. MHNIP outcome measures**

9.1.3.13.1. The PHMC MDS requires the K10+, K5 or SDQ to be captured, however for MHNIP the DoH 2015-16 guidelines requires providers to capture the HoNOS. Can we record HoNOS through PMHC MDS?

The PMHC MDS is designed to monitor and evaluate regional service delivery against key mental health performance indicators. The PMHC MDS does not confine PHNs to the data specified. Rather, it sets the minimum and common ground for what data are to be collected and reported for mental health services commissioned by PHNs. It is anticipated that many PHNs will seek to collect an enhanced set of data to meet local needs, however

this data will not be submitted to the MDS. Therefore, a PHN can of course continue to collect additional outcome measures such as the HoNOS in relation to specific service/episode types but this is at their discretion and will not form part of the MDS at this time.

#### **9.1.4. Questions about privacy protections and patient consent**

- Privacy and patient consent
  - (a) Can PHNs collect the required MDS data?
  - (b) Can PHNs supply the data to the Department of Health?

##### **9.1.4.1. Privacy and patient consent**

The Commonwealth Privacy Act 1988 and associated Australian Privacy Principles (APPs) in Schedule 1 of that Act set the overarching requirements for the collection and use of all personal information by organisations and entities involved in the Primary Mental Health Care Minimum Data Set (PMHC MDS). A key feature to the operation of the PMHC MDS is based on obtaining client consent to the collection, use and disclosure of their personal information.

Specific responses to two issues commonly raised are provided below.

###### **9.1.4.1.1. (a) Can PHNs collect the required MDS data?**

Under Australian Privacy Principle (APP) 3, an organisation can collect health information where it is reasonably necessary for its functions or activities, and the individual concerned consents to the collection, or another exception applies.

As commissioners and regional planners, PHNs require a range of data to remunerate service providers as well as monitor overall regional service provision and plan future service improvements. These are all core functions of PHNs and require that PHNs collect and analyse data on what services are delivered, to what clients, at what costs and with what outcomes. Without data, PHNs cannot undertake these functions.

Additionally, most PHNs have set up centralised referral coordination points to which the GP or other referrer forwards client and referral details. This centralised function allows referrals to be processed and services selected to match the client's needs as well as giving the PHN an efficient method for managing demand.

Client consent is critical to the process. While APP 3 includes provision for health information to be collected without consent under the 'health management activities exception', the conditions for this are limited and may not be applicable (see <https://www.oaic.gov.au/engage-with-us/consultations/healthprivacy-guidance/business-resource-collecting-using-and-disclosing-health-information-for-healthmanagement-activities>). Under the previous ATAPS/MHSRRA programs, PHNs set up appropriate consent processes for clients to agree to information being provided to the PHN. For most PHNs, specific forms are available on their websites for use by referrers or health practitioners, including versions that can be downloaded and integrated into GP clinical software, enabling secure electronic transmission to referral triage teams.

Most forms currently available on PHN websites relate only to the former ATAPS program and do not reflect the wider range of services to be delivered from mental health flexible funding. It is therefore recommended that PHNs review and update as required their consent processes to reflect the wider range of services that they are now responsible for commissioning.

#### 9.1.4.1.2. (b) Can PHNs supply the data to the Department of Health?

Provision of information to the Department is necessary for government to undertake its role in funding, monitoring and planning future national service delivery.

Supply of PMHC MDS data by PHNs to the Department of Health is governed by APP 6 which regulates how an organisation may use and disclose the health information that it collects. Under APP 6, if an organisation collects health information for a particular or 'primary purpose', it generally cannot use or disclose that information for a 'secondary purpose' unless an exception applies. A specific exception under APP6 allows personal information to be used or disclosed for a 'secondary purpose' where there is client consent.

A new item has been added to PMHC MDS to confirm that client consent for data supply to the Department has been obtained. Any records attached to clients for whom the consent flag is not checked as 'yes' will not be passed to the Department.

PHNs should therefore ensure that the consent processes they establish include client consent to the provision of data to the Australian Government Department of Health.

The Department has prepared a set of standard words that can be used, or adapted as necessary, in any locally developed forms. These are available on the resources section of the PMHC MDS website (<https://www.pmhcmds.com/resources/>).

#### 9.1.5. Questions about Unique Identifiers and 'Keys'

- Client keys
  - Does the Department have any recommendations for assignment of the Client Key? Can the Department provide any further information regarding the process for allocation of region wide unique client identifiers?
- Episode keys
  - Could the Department provide further information about the purpose and creation of episode Keys?
- Manual data entry via MDS interface
  - Do we need to create 'keys' if we intend to enter data directly into the MDS?
- Practitioner identifiers
  - There is currently a jumble of systems for coding service providers, making it difficult to report against the 'delivered by whom' part of the complex multi-part question posed. How will this be improved?

PHNs raised a number of queries about the assignment of unique keys. Client Keys must be unique and persistent for an individual across the entire PHN. It is the responsibility of the PHN to derive a format for these fields to be used across their commissioned organisations. Practitioner, Episode, Service Contact and Outcome Collection Occasion Keys will be managed by provider organisations and will be unique at the level of the provider organisation.

An important requirement to note is that Keys (or identifiers) are strings that can have a minimum length of 2 characters and a maximum length of 50 characters. Once assigned keys cannot be changed. The purpose of keys on each of the records is to provide a unique and persistent identifier in order to allow addition, update and deletion of each individual record. Responses to specific questions are provided below.

#### **9.1.5.1. Client keys**

9.1.5.1.1. Does the Department have any recommendations for assignment of the Client Key? Can the Department provide any further information regarding the process for allocation of region wide unique client identifiers? Client Keys must be unique and persistent for an individual across the entire PHN. It is the responsibility of the PHN to derive a format for these fields to be used across their commissioned organisations.

Some PHNs have or are already implementing centralised client identifier ('key') allocation in order to facilitate services between their contracted provider organisations. For those PHNs without this capability a master client index will be created during [Stage Two](#) of the PMHC MDS implementation. The master client index will facilitate management of the client keys within the PHN independent of the provider organisation.

In the interim it is recommended that at the very least PHNs ensure that Client Keys issued by provider organisations do not overlap.

#### **9.1.5.2. Episode keys**

9.1.5.2.1. Could the Department provide further information about the purpose and creation of episode Keys? The purpose of keys on each of the records is to provide a unique and persistent identifier in order to allow addition, update and deletion of each individual record without reference to items on that record which might need to change. e.g. correcting a patient key or date. This also applies to the other record types such as client and service contact.

#### **9.1.5.3. Manual data entry via MDS interface**

9.1.5.3.1. Do we need to create 'keys' if we intend to enter data directly into the MDS? Stage One of the PMHC MDS will only allow upload, not direct data entry. Upload files will either be produced automatically from client systems or by hand via Excel spreadsheet. Therefore, all organisations uploading data to the PMHC MDS will need to provide keys for each record. Where data is being exported from client systems, these keys can be auto generated, provided that a key does not change once it is assigned to an item.

#### **9.1.5.4. Practitioner identifiers**

9.1.5.4.1. There is currently a jumble of systems for coding service providers, making it difficult to report against the 'delivered by whom' part of the complex multi-part question posed. How will this be improved?

The new MDS specifications include separate unique keys for Provider Organisation and Practitioner which are intended to resolve this problem

## **9.1.6. Questions about PHN access to the Data Warehouse**

### **9.1.6.1. Data Warehouse**

9.1.6.1.1. Data entered into PMHC data set will be stored in a national data warehouse. Will all of the information be accessible by PHN's for benchmarking and service development/collaborative purposes?  
PHNs will have access to all de-identified data pertaining to their services but will not have access to the information of other PHNs.

Benchmarking and service development reports will be developed in a subsequent development stage with input from appropriate stakeholders.

## **9.1.7. Questions about Implementation and Support**

- **Support to developers**
  - Will the Department be providing further support to system developers to ensure that they are able to develop their clinical systems in line with the revised MDS specification?
- **Staging:**
  - We would seek assurance from the Department that there is sufficient lead time for system developers to refine systems in line with these new requirements.
  - Is year one a baseline data gathering year as opposed to there being any expectation to manage providers against levels of activity not fully understood due to the extended MDS requirements?
- **Support to PHNs to engage providers**
  - Can the Department offer assistance to PHNs in terms of creation of a spreadsheet suitable for storing and uploading collected data
  - Will there be further clarification on how PHNs will be expected to report on provider performance to allow engagement on how best to undertake the change process?
  - PHNs would desirably see the actual mechanics of the MDS hands-on prior to wider release. Successful roll-out will depend on how well PHNs are able to communicate and support providers. We suggest the department conducts PHN specific webinars and training for key nominated staff
- **Data capture via the web-based portal**
  - With the data being submitted via the web based portal – does the web based portal also allow PHN's to use this as their data capture tool as well?

### **9.1.7.1. Support to developers**

9.1.7.1.1. Will the Department be providing further support to system developers to ensure that they are able to develop their clinical systems in line with the revised MDS specification?

System developers will have access to the following resources:

- API documentation online

- Test accounts on both staging and production systems
- Offline data validation for ease of testing extracted datasets
- Access to help desk via e-mail. Telephone support will be provided where the issue can't be resolved via email
- Developer announcement mailing list to notify developers of pending changes and issues

### **9.1.7.2. Staging:**

9.1.7.2.1. We would seek assurance from the Department that there is sufficient lead time for system developers to refine systems in line with these new requirements.

The Department is aware that developers will need sufficient lead time to make the required system changes and/or additions.

PMHC MDS upload functionality will be separate from the existing ATAPS/MHSRRA MDS. During this initial stage the existing ATAPS/MHSRRA MDS will be kept operational so that ATAPS/MHSRRA organisations can continue to provide data through that system until they are either ready to export data to the new upload interface or until the new data entry interface is available after a later stage of development. Once all ATAPS/MHSRRA organisations are submitting data to the PMHC MDS, the ATAPS/MHSRRA MDS will be shut down. This date has not yet been specified.

Data for services other than ATAPS/MHSRRA will have to be submitted via the PMHC MDS interface.

Organisations should only submit data via one interface, not both.

Data submitted via the existing ATAPS/MHSRRA MDS will be converted and merged with data submitted via the PMHC MDS in order to produce departmental reports.

9.1.7.2.2. Is year one a baseline data gathering year as opposed to there being any expectation to manage providers against levels of activity not fully understood due to the extended MDS requirements?

The Department is aware that 2016-17 is a transitional year and will not provide sufficiently comprehensive data to serve as a baseline for monitoring future activity. 2017-18 is expected to serve as the baseline year for comprehensive data collection.

### **9.1.7.3. Support to PHNs to engage providers**

9.1.7.3.1. Can the Department offer assistance to PHNs in terms of creation of a spreadsheet suitable for storing and uploading collected data

Yes – Excel data entry templates for submission are provided on the PMHC MDS website. Visit Upload Specifications [File format](#).

9.1.7.3.2. Will there be further clarification on how PHNs will be expected to report on provider performance to allow engagement on how best to undertake the change process?

See responses to [Questions about Standard Reports](#).

9.1.7.3.3. PHNs would desirably see the actual mechanics of the MDS hands-on prior to wider release. Successful roll-out will depend on how well PHNs are able to communicate and support providers. We suggest the department conducts PHN specific webinars and training for key nominated staff

Online support documentation is currently being created around the data specification and online portal. In addition, the Department is currently in negotiations with external providers to supply ongoing support and training for the system. Further details of these arrangements will be made available subsequent to the finalisation of these arrangements.

#### **9.1.7.4. Data capture via the web-based portal**

9.1.7.4.1. With the data being submitted via the web based portal – does the web based portal also allow PHN's to use this as their data capture tool as well?

During the initial stage of implementing the PMHC MDS, PHNs and their service providers will be able to either export data from their client systems and upload to the PMHC MDS or manually create spreadsheets that can then be uploaded. Data may be uploaded in either Excel or CSV format.

During phase 2 a full data entry capacity will be added. This is expected to be ready for the 2017-18 financial year.

### **9.1.8. Questions about Standard Reports**

#### **9.1.8.1. Provider Organisations and Practitioners**

9.1.8.1.1. The documentation indicates standard reports will be designed to meet PHN and departmental requirements. Will a Provider organisation or Practitioner be able to receive reports for their respective service provision?

The Department will be planning a range of standard reports and will consult with PHNs about their requirements.

Standard Reports are expected to be developed for [Stage Two](#).

#### **9.1.8.2. Benchmarking reports**

9.1.8.2.1. Are the PHNs going to receive reports on collated data and benchmarked against other PHNs for QI purposes?

The Department will be planning a range of standard reports and will consult with PHNs about their requirements.

Standard Reports are expected to be developed for [Stage Two](#).

### **9.1.9. Miscellaneous Questions**

- [Clients/consumer terminology](#)
  - The terms 'patient', 'client' and 'consumer' are used interchangeably in the documentation. Consultation indicates a preference for the term "consumer".
- [Provisional Psychologists](#)
  - Can provisional psychologists provide services under supervision in priority area 3?
- [Referrer postcode](#)
  - It would also be useful to collect the postcode of the referrer to understand referral patterns across and within regions.
- [Multiple episodes](#)
  - When patients receive services under multiple funding areas is the data recorded against a separate episode of care for each service? For eg: a young person is receiving care through a headspace site

(priority area 2) yet has an acute episode and requires services for a follow up around a suicide attempt- (Priority area 5) is the MDS data uploaded against both priority areas?

- Data collection responsibility
  - Does the referrer or clinical provider collect the sociodemographic and clinical data? If the former, this may not be acceptable to GPs

#### **9.1.9.1. Clients/consumer terminology**

9.1.9.1.1. The terms 'patient', 'client' and 'consumer' are used interchangeably in the documentation. Consultation indicates a preference for the term "consumer".

The Department acknowledges the importance of language in describing those who use mental health services and that 'consumer' is the current preferred term in the sector. However, for the purpose of specifying the PMHC MDS, the term 'client' is used in the technical specifications. This does not imply that the term 'consumer' should not be used in PHN communications with stakeholders.

#### **9.1.9.2. Provisional Psychologists**

9.1.9.2.1. Can provisional psychologists provide services under supervision in priority area 3?

Provisional Psychologists fall within the broader Practitioner category of 'low intensity workers'. These are defined as "individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional". The deployment of low intensity workers is at the discretion of PHNs, but of course depends on suitable clinical supervisory arrangements being in place.

#### **9.1.9.3. Referrer postcode**

9.1.9.3.1. It would also be useful to collect the postcode of the referrer to understand referral patterns across and within regions.

Referrer postcode is not regarded as essential for the national data and thus not included in the PMHC MDS.

However, PHNs have the discretion to add this as additional information collected at regional level.

#### **9.1.9.4. Multiple episodes**

9.1.9.4.1. When patients receive services under multiple funding areas is the data recorded against a separate episode of care for each service? For eg: a young person is receiving care through a headspace site (priority area 2) yet has an acute episode and requires services for a follow up around a suicide attempt- (Priority area 5) is the MDS data uploaded against both priority areas?

The business rules for Episodes are stated in the MDS specifications. Episodes are defined at the level of the Provider Organisation, not the funding source. A client can only have one episode at a time **for any given Provider Organisation**. Of course, if two Provider Organisations are delivering services simultaneously, one episode would be created by each Provider Organisation.

Each Episode is classified according to a single 'Principal Focus of Treatment Plan'. This may be changed in the course of an episode if the original code entered changes during the course of treatment.

#### **9.1.9.5. Data collection responsibility**

9.1.9.5.1. Does the referrer or clinical provider collect the sociodemographic and clinical data? If the former, this

may not be acceptable to GPs

While referrers will continue to provide some information as part of the referral process, it is the responsibility of the Practitioner and Provider Organisation to ensure the integrity of data submitted to the PMHC MDS. Most of the data required would normally be collected as part of the assessment process by the Practitioner. GPs are not expected to provide the full set of sociodemographic data.

## 9.2. System Frequently Asked Questions

### 9.2.1. Accessing the PMHC Minimum Data Set

- [What internet browser should I use?](#)
- [How do I get started using the MDS?](#)
- [How do I obtain access to the PMHC MDS?](#)
- [What is required for the Letter of Authority?](#)
- [What can a user see in the MDS?](#)
- [I do not have a work mobile. What do I do?](#)
- [Can I invite different users by using the same mobile?](#)
- [Can I pass on my username and password to my organisation's IT person or evaluator if they are entering data?](#)
- [Can I add an existing user to another PHN or Provider Organisation?](#)
- [Why did I get this message when inviting a user - '500 Internal Server Error: Inviting user failed: An outstanding PMHC MDS invite exists'?](#)
- [What should I do if a user didn't receive the email invitation?](#)
- [What should I do if a user didn't receive the invitation SMS token?](#)
- [What should I do if a user deleted the email invitation or the SMS token?](#)
- [Can GPs or Mental Health Providers \(MHPs\) access the MDS to upload data themselves?](#)
- [I'm a third-party software developer developing software to assist with uploading data to the MDS. Can I have an account to test my data uploads?](#)
- [Can I have an account to test adding data and for training new staff?](#)
- [I forgot my password. What do I do?](#)
- [How can I update my user details?](#)
- [How can I recover my password or username?](#)

#### 9.2.1.1. What internet browser should I use?

You can access the PMHC MDS using the following browsers:

- Chrome (version 30+)
- Firefox (version 38+)
- Internet Explorer 11
- Safari 8 +

#### **9.2.1.2. How do I get started using the MDS?**

Each individual staff member should be set up with their own unique login access. It is inadvisable to set up and use generic login accounts within the PMHC MDS, and usernames / passwords should not be shared with other individuals. This ensures that when a staff member leaves, their access can be easily disabled without affecting other users or data security. A user's account should not be passed from one staff member to the next.

Refer to [How do I obtain access to the PMHC MDS?](#) for information on getting an account on the MDS.

The PMHC website is available at <https://pmhc-mds.com/>. Here you will find documentation on using the MDS.

The MDS is accessed on the web at the following address: <https://pmhc-mds.net/>

#### **9.2.1.3. How do I obtain access to the PMHC MDS?**

Access to the PMHC MDS is based on roles. Each role allows a user to perform specific tasks, and a user can be assigned multiple roles. Each role is granted for a user against an organisation. An organisation can either be a Primary Health Network (PHN) or a Provider Organisation. If a user is granted a role for a PHN they will also have this role for any Provider Organisations of that PHN. A user can be invited to have a role at more than one organisations.

See [Users Roles](#) for a summary of each of the roles that currently exist within the PMHC MDS.

User accounts can be created by a user at your PHN or provider organisation who has the User Management role. If unsure who this is, please contact [support@pmhc-mds.com](mailto:support@pmhc-mds.com) to find out who has this access.

Alternatively, if you cannot contact any users who have the User Management role access can be gained by producing a [letter of authority](#).

#### **9.2.1.4. What is required for the Letter of Authority?**

The protocol for setting up a new account to access the MDS requires a written letter of authority. A **letter of authority** is a request made on your Primary Health Network or Provider Organisation's letterhead which must be signed by an authority at the Primary Health Network or Provider Organisation who holds a position that is higher than the person for whom the account is being created (i.e., the person's manager or the CEO).

This letter must contain the following details (for the person for whom the MDS access is being requested):

1. Name
2. Email address
3. Contact telephone number
4. Mobile phone number

5. The exact Primary Health Network or Provider Organisation's name in the MDS you are seeking to access
6. The roles required for the user. The user can have any combination of these roles. (See [Users Roles](#) for a summary of each of the roles that currently exist within the PMHC MDS.)

This letter must be faxed to (03) 9340 9090, or scanned and then emailed to [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

The same protocol applies if an MDS user no longer requires MDS access and needs to hand over their MDS access to another person. However, in this case it is advised that the new MDS user has a new username and password issued to protect the privacy and security of the organisation's data.

This process will also apply where a user is requesting a password reset. However, the auto [password recovery](#) process available to you via the MDS login screen is the preferred method of password retrieval.

This process will also apply where a user is requesting an update to their details. However, the [Updating your details](#) process available to you via the MDS login screen is the preferred method for a user to update their own details.

#### **9.2.1.5. What can a user see in the MDS?**

What you see after you login will depend upon the roles to which you have been assigned.

Refer to [Users Roles](#) for more information.

#### **9.2.1.6. I do not have a work mobile. What do I do?**

A user can use their personal mobile. Users' mobile phone numbers are not listed or viewable by other users within the PMHC MDS.

The mobile is only used by the PMHC MDS profile management system to deliver the verification code via SMS. This is used to activate their profile, reset their password or if a password is forgotten or expires.

Refer to [How can I recover my password or username?](#)

#### **9.2.1.7. Can I invite different users by using the same mobile?**

It is not advised for multiple PMHC users to share using the same mobile number.

Refer to [I do not have a work mobile, letter of authority](#) and [How can I recover my password or username?](#)

#### **9.2.1.8. Can I pass on my username and password to my organisation's IT person or evaluator if they are entering data?**

No, each user should be issued with their own username and password.

Refer to [How do I obtain access to the PMHC MDS?](#)

#### **9.2.1.9. Can I add an existing user to another PHN or Provider Organisation?**

Yes, a user can have roles at more than one organisation.

By ensuring you enter the same email and mobile number when completing the invitation steps in [Adding an existing user](#), the system will automatically pick up if a user already exists in the PMHC MDS and will grant them access to the additional organisation.

#### **9.2.1.10. Why did I get this message when inviting a user - '500 Internal Server Error: Inviting user failed: An outstanding PMHC MDS invite exists'?**

This user has previously been invited and has not yet completed the required steps for [Accepting an invitation to become a PMHC MDS User](#). An invitation will be valid for 7 days and you can not resend an invitation within this time whilst a token is still valid.

Why are you trying to re-invite this user? For further assistance refer to:

- [What should I do if a user didn't receive the email invitation?](#)
- [What should I do if a user didn't receive the invitation SMS token?](#)
- [What should I do if a user deleted the email invitation or the SMS token?](#)
- How can I change the users roles? When the user has accepted the invitation you will be sent an email and after this you can then [Editing a user's roles](#).

#### **9.2.1.11. What should I do if a user didn't receive the email invitation?**

You will not be able to re-invite this user using the same email within 7 days, as an [outstanding PMHC MDS invite exists](#).

First confirm that you have their correct email address. Ask the user to double check their junk mail folder and search for an email sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au). Otherwise, please contact the Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

If an incorrect email was entered, you will be able to re-invite the user using the correct email.

#### **9.2.1.12. What should I do if a user didn't receive the invitation SMS token?**

You will not be able to re-invite this user within 7 days, as an [outstanding PMHC MDS invite exists](#).

Firstly confirm that you have their correct mobile phone number. If an incorrect number was entered, please contact the Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) as we can reissue it to the preferred number. When contacting please inform the Helpdesk of both the incorrect number, along with the correct number where possible.

See [What should I do if a user deleted the email invitation or the SMS token?](#)

#### **9.2.1.13. What should I do if a user deleted the email invitation or the SMS token?**

You will not be able to re-invite this user within 7 days, as an [outstanding PMHC MDS invite exists](#).

If a user deleted the email invitation or the SMS token please contact the Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) as we can reissue it.

#### **9.2.1.14. Can GPs or Mental Health Providers (MHPs) access the MDS to upload data themselves?**

Yes, GPs and MHPs can access the MDS to upload their data directly into the system. However, it is not possible to limit their data access to the select data fields that they would normally manage. For example, MHPs would normally only need to enter or edit their own client information and the episodes and service contacts associated with these clients.

However, it is not possible to restrict their access only to their own clients' data. They will be able to modify data for clients across their entire provider organisation. Therefore, MHPs who access the MDS could potentially change data for a client that is not their own.

Refer to [Users Roles](#).

#### **9.2.1.15. I'm a third-party software developer developing software to assist with uploading data to the MDS. Can I have an account to test my data uploads?**

Yes, we can supply you with an account that has access to a test Primary Health Network. In order to set up the Primary Health Network account for the test environment, we need to follow a similar procedure to setting up a Primary Health Network account for the production environment, by producing a [letter of authority](#).

On company letterhead, this letter must be signed by an authority at your company who holds a position that is higher than the person for whom the account is being created (i.e., the person's manager or the CEO).

This letter must contain the following details (for the person for whom the MDS access is being requested):

1. The name of the person the account is for
2. The email address of the person
3. Contact telephone number
4. Mobile phone number
5. Request access to the 'Test [Your Company Name]' Organisation

This letter must be faxed to (03) 9340 9090, or scanned and emailed to [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

Base your letter on the details listed in [What is required for the Letter of Authority?](#)

#### **9.2.1.16. Can I have an account to test adding data and for training new staff?**

Yes, there is a Developers PMHC MDS website available for testing and training purposes for PHNs, Provider Organisations and third-party developers.

To set up an account on <https://developers.pmhcmds.net/> please provide us with a 'Letter of Authority' on your organisation's letterhead, similar to the one outlined for third-party software developers.

See: [I'm a third-party software developer developing software to assist with uploading data to the MDS. Can I have an account to test my data uploads?](#).

#### **9.2.1.17. I forgot my password. What do I do?**

See [Forgotten or Expired Password](#).

#### **9.2.1.18. How can I update my user details?**

If your email address or mobile number has changed, it is important that you update your account. See [Updating your details](#).

If you can't access your profile, contact the PMHC Helpdesk so that your records can be updated. When contacting the PMHC Helpdesk you will be asked to arrange for a [letter of authority](#) stating the change(s)

Refer to [What is required for the Letter of Authority?](#)

#### **9.2.1.19. How can I recover my password or username?**

The system offers an automated password/username recovery feature. The system will email the registered email address on your account and send an SMS to the registered mobile phone on your account.

See [Forgotten or Expired Password](#) for instructions on resetting your password.

It is important to keep your email address and mobile phone number current so that you can make use of this facility. If you can no longer access the PMHC MDS please email the PMHC MDS helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com) to update your email address/mobile phone.

Please note, when contacting the PMHC helpdesk you will be asked to arrange for a [letter of authority](#) stating the change(s) required. Refer to [What is required for the Letter of Authority?](#)

### **9.2.2. Entering data in the PMHC Minimum Data Set**

- [What is the best way to manage the client key?](#)
- [Can you suggest a best practice approach to managing client keys?](#)

- Why can't we use the SLK as the client key?
- How will the Master Client Index work?
- How often should I enter data into the MDS?
- Can I enter fictitious data as a part of testing?
- How do I find or create a Client's Statistical Linkage Key (SLK)?
- How do I find what the Episode Key, Service Contact Key and Outcome Collection Occasion Key is?
- How do I find what my Practitioner Key is?
- How can I edit a record's identifying key?
- How do I enter a referral?
- How do I enter a K10+, or K5, or SDQ?
- How can I delete a record I incorrectly entered?
- Can I go back and enter information if I don't have it at the time?
- Do I enter a Service Contact when a client doesn't show up for the session?
- If the client is referred elsewhere (e.g. not suitable for this service) should this be recorded?
- Why is an episode showing as uncommenced?
- How can I close an episode?
- What do I do if the GP / mental health provider has not given an answer to one or more questions in the minimum dataset?
- What are the options where the information collected does not fit into the available fields?
- The PHMC MDS specifications seems limited. Can we capture and record additional data?
- Where do I enter MHNIPS data collection?
- How can I capture client services under the 2020 Australian Government Mental Health Response to Bushfire Trauma?
- I have an error message but no idea what it means or how to fix it. What should I do?

#### **9.2.2.1. What is the best way to manage the client key?**

The Client Key needs to be stable for each individual within the provider organisation.

The PHN may decide to play a role in coordinating assignment and management of these keys for provider organisations.

See data specifications for [Identifier management](#).

#### **9.2.2.2. Can you suggest a best practice approach to managing client keys?**

We understand that PHNs and provider organisations will approach [Identifier management](#) in various different ways to best suit their practice. We suggest speaking with your PHN or another provider organisation in your network to understand their approach to managing their client keys.

Refer to the Department's response to [Questions about Unique Identifiers and 'Keys'](#).

### **9.2.2.3. Why can't we use the SLK as the client key?**

The client key is required to be a unique client identifier. The SLK isn't a unique key and therefore not suitable to be used as the client key.

Refer to data specifications for [Identifier management](#).

### **9.2.2.4. How will the Master Client Index work?**

The previous PMHC MDS specification required a client key that was unique and stable at the PHN regional level, not at the provider organisation level. The purpose of the master client index was to help PHNs and their provider organisations manage client information across the PHN region. This requirement proved problematic for PHNs and was worked through by the PMHC MDS working group.

To determine what issues existed with managing the client key and possible solutions, nine PHNs worked with Strategic Data to describe their models for triaging patients, the information systems being used by PHNs and Provider Organisations, the ease of updating information systems and resources available for manual reconciliation of clients.

As a result of this work, a master client index is not possible at this time, and as such, will not be a requirement for full compliance from 1 July 2017.

See [Master Client Index](#).

### **9.2.2.5. How often should I enter data into the MDS?**

Refer to [Reporting timeliness](#).

### **9.2.2.6. Can I enter fictitious data as a part of testing?**

The MDS is live and data uploads will be recorded. Real PMHC data can be trialled by uploading in test mode, whereas fictitious data should be trialled with a test organisation on [developers.pmhcmds.net](https://developers.pmhcmds.net).

See [PMHC Developers Announcement](#).

### **9.2.2.7. How do I find or create a Client's Statistical Linkage Key (SLK)?**

If you don't have an internal system that can provide you with the client's SLK, an SLK generator is available within the client data entry forms. Refer to the online User Guide [Adding a New Client](#).

There is also a manual statistical linkage key generator available on the PMHC MDS website, under the SLK tab - <https://pmhc-mds.net/#/slk>. See [SLK](#).

### **9.2.2.8. How do I find what the Episode Key, Service Contact Key and Outcome Collection Occasion Key is?**

The [Episode Key](#), [Service Contact Key](#), and [Outcome Collection Occasion Key](#) are the system [unique identification keys](#) that will need to be manually created and managed by your provider organisation.

Each record needs to be assigned a stable unique key within the provider organisation, in order to facilitate adding/updating/deleting each item when entering data.

See data specifications for [Identifier management](#).

### **9.2.2.9. How do I find what my Practitioner Key is?**

The practitioner key is one of the system [unique identification keys](#) that will need to be manually created and managed by your provider organisation.

Data entry users can add a practitioner once they know their key. Refer to the online User Guide [Adding a Practitioner](#).

### **9.2.2.10. How can I edit a record's identifying key?**

Each record needs to be assigned a stable unique key within the provider organisation, in order to facilitate adding/updating/deleting each item when entering data.

You can edit a record's identifying key you have entered within the data entry interface. There is an edit key button available when editing a records details.

See:

- [Editing a Practitioner Key](#)
- [Editing a Client Key](#)
- [Editing an Episode Key](#)
- [Editing a Service Contact Key](#)
- [Editing a Collection Occasion Key](#)

### **9.2.2.11. How do I enter a referral?**

A referral can be entered as an [Episode](#).

An episode does not need to be concluded if the client requires as a new referral. If the treatment continues with a client, the service contacts can continue to be recorded to the original episode until treatment is formally concluded either clinically or administratively.

Refer to the online User Guide [Episodes](#).

#### **9.2.2.12. How do I enter a K10+, or K5, or SDQ?**

These measures tools, K10+, K5 and SDQ, are entered as an [Outcome Collection Occasion](#).

Refer to the online user guide [Outcome Collection Occasions](#).

#### **9.2.2.13. How can I delete a record I incorrectly entered?**

You can delete a record you have entered within the data entry interface. There is a delete button available when viewing a records details.

However, if the record you are trying to delete has any dependant records, you will not be able to proceed with deleting the parent record until all the related dependant records have been edited or deleted.

See:

- [Deleting a Practitioner](#)
- [Deleting a Client](#)
- [Deleting an Episode](#)
- [Deleting a Service Contact](#)
- [Deleting an Outcome Collection Occasion](#)

#### **9.2.2.14. Can I go back and enter information if I don't have it at the time?**

Yes, the MDS allows you to go back and enter information at a later date.

When data in the upload has the same identification key as recorded in the MDS, (e.g. client, practitioner, episode, service contact, and outcome collection keys) the data will automatically be updated for these files. The number of files present, created, and updated, are summarised on the successful upload notification email.

Refer to upload specification [File format](#).

#### **9.2.2.15. Do I enter a Service Contact when a client doesn't show up for the session?**

Yes. A service contact record has a 'No Show' field and selecting the value 'Yes' indicates that the intended participant(s) failed to attend the appointment.

Some of the other service contact fields have a 'no show' option available to be selected. For any other service contact fields, please enter the response that would have been entered if the participant had attended the session.

You can decide to enter as much information as possible within a no show form, as long as it meet the 'No Show' validation guidelines for a service contact.

Refer to [Service Contact](#).

#### **9.2.2.16. If the client is referred elsewhere (e.g. not suitable for this service) should this be recorded?**

This decision depends upon your local guidelines.

Under the new PMHC MDS, an episode does not formally commence until the client receives their first service contact. For referrals that do not lead to a service contact, and where the person is referred elsewhere, there is no need to open an episode.

However the Department understands that many PHNs are likely to want to do this as a means to track referrals that do not lead to service contacts, or to begin entering data prior to the first service contact. Therefore, an episode can be set up in the system, even if it does not lead to a service contact. Standard reports to be developed will build in capacity to monitor these and ensure that they are not counted in service delivery indicators.

Where a referral is followed by an initial service contact, and the person is referred elsewhere due to being assessed as not suitable, or requires an alternative service, a new code for **Episode - Completion Status** has been added ('Episode closed administratively - client referred elsewhere').

#### **9.2.2.17. Why is an episode showing as uncommenced?**

The episode definition states that 'Episodes commence at the point of first contact. The episode start date will be derived from the first service contact date.'

When an episode does not have any service contacts added yet, it does not have a start date and the system will report it as 'Uncommenced'.

Refer to [Episode](#).

#### **9.2.2.18. How can I close an episode?**

To close an episode, you can edit a client's episode details and enter an 'Episode - End Date' and update the 'Episode - Completion Status' value.

Refer to [Editing a Client's Episode data](#).

#### **9.2.2.19. What do I do if the GP / mental health provider has not given an answer to one or more questions in the minimum dataset?**

Provider organisations should make every effort to ensure that the data entered into the MDS is as complete as possible. However, most data items specify a ‘Missing’ response. Where information is unavailable, please use this response item. The aim is to minimise missing data as much as possible.

Refer to [Record formats](#) for more information. By clicking the field name this will take you to the field definition which outlines the associated notes that provide guidance on the most suitable response.

#### **9.2.2.20. What are the options where the information collected does not fit into the available fields?**

Each data item has associated notes that provide guidance on which response to use. By clicking on the [Record formats](#) field name this will take you to the field definition which outlines the associated notes.

Refer to [Record formats](#).

#### **9.2.2.21. The PHMC MDS specifications seems limited. Can we capture and record additional data?**

PHNs can choose to capture and record additional data outside the PMHC MDS.

See [Can the PMHC MDS capture and record additional data?](#).

#### **9.2.2.22. Where do I enter MHNIPS data collection?**

The Department of Health is expecting all commissioned Mental Health Nursing services data from July 2016 to be entered into the PMHC MDS.

Refer to the Department's response to [Are services previously delivered under MHNIP expected to collect the PHMC MDS?](#).

#### **9.2.2.23. How can I capture client services under the 2020 Australian Government Mental Health Response to Bushfire Trauma?**

The Department has recently announced the “*Australian Government Mental Health Response to Bushfire Trauma*”. From January 2020, there is now a reserved **Episode Tag** **!br20** that can be easily selected or added to an Episode record if a new or existing client receives any services that meet the reporting requirements.

While services funded under the response must report in-scope activity using this tag, all PHNs may use this tag.

Refer to [Reserved Tags - !br20](#).

#### **9.2.2.24. I have an error message but no idea what it means or how to fix it. What should I do?**

Refer to [Record formats](#) for more information. Clicking the field name will take you to the field definition, which outlines the associated notes that provide guidance on the response to use. It will also inform you if there are any interrelated field requirements that can cause data errors.

If you are still unsure, please email the PMHC helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a description of where the error occurred, a screenshot if possible, and the error log number. The error log number is displayed at the end of the error message, e.g. [BVDS105Q], and will assist for the helpdesk in quickly identifying the error and providing you with a clear response about how to rectify the issue.

### **9.2.3. Uploading data**

- [How do I obtain a template to upload my data to the MDS?](#)
- [What do I do if I have collected the data in Excel or Access?](#)
- [Should an upload file only contain new or changed data or should it contain all cumulative data from the start of service delivery?](#)
- [How can I edit a record I have previously uploaded?](#)
- [How can I delete a record I have previously uploaded?](#)
- [How can I review why the status of my upload file shows error?](#)
- [How can I view my uploaded data?](#)
- [How do I upload the individual CSV files?](#)
- [How do I fix upload file errors?](#)
- [How do I fix data errors in an upload?](#)
- [Has my data uploaded if my file has an error status?](#)
- [Will valid data be accepted if there are errors in the file?](#)
- [If validation rules change how will you treat legacy data?](#)
- [I am receiving an upload error that has a code that is not in my records. What should I do now?](#)
- [I am receiving an unknown error in my records. How can I fix this?](#)
- [Why am I receiving an error saying I don't have permission to upload organisation data?](#)
- [Why am I receiving an error saying 'Could not find worksheet \[Name\]'?](#)
- [Why am I receiving an error saying 'Invalid version line in worksheet \[Name\]'?](#)
- [Why am I receiving an error saying 'Column \[Name\] is not valid'?](#)
- [Why am I receiving an error saying 'Organisation\\_path is not valid on row ....'?](#)
- [Why am I receiving an error saying 'Invalid version number on row 1'?](#)
- [Why am I receiving an error saying 'Column \[Name\] is required on row ...'?](#)
- [Why am I receiving an error saying 'Invalid file ...'?](#)
- [Why am I receiving an error saying 'Could not parse worksheet \[Name\]: Bad request at ...'?](#)

#### **9.2.3.1. How do I obtain a template to upload my data to the MDS?**

Upload templates are available from [Upload specification](#).

### **9.2.3.2. What do I do if I have collected the data in Excel or Access?**

Visit the online MDS documentation regarding uploads where a detailed user guide for data uploads is available.

See [Upload specification](#).

### **9.2.3.3. Should an upload file only contain new or changed data or should it contain all cumulative data from the start of service delivery?**

All data should be uploaded for the first upload, but subsequently only new or changed data should be uploaded. However, parent records of new or changed data also need to be uploaded in order to keep the file internally consistent.

An example of what this means is that if a service contact record is added or changed, there must be a corresponding episode record in the episode file and a client record in the client file, even if the episode and client data hasn't changed. Also, as service contacts refer to practitioners, there must also be a practitioner record in the practitioner file.

### **9.2.3.4. How can I edit a record I have previously uploaded?**

There is a unique identifying key associated with every record in the PMHC MDS. When you upload a record with the same unique identifying key with updated data, the MDS will recognise the record's key and update the data already recorded in the system.

When the upload has completed successfully, you will see a summary of the updated records shown in the 'Upload Change Summary' table displayed in the View Upload Details for complete uploads. See [Complete uploads](#).

### **9.2.3.5. How can I delete a record I have previously uploaded?**

You can delete records via upload.

Please refer to [Deleting records](#).

### **9.2.3.6. How can I review why the status of my upload file shows error?**

If the status of your file shows error, you can view the returned errors through Viewing Previous Uploads.

Refer to [Error messages](#).

### **9.2.3.7. How can I view my uploaded data?**

When the upload has completed successfully, you will see a summary of the updated records shown in the 'Upload Change Summary' table. See [Complete uploads](#).

If you have the reporting role, you can produce system reports or extract recorded data. See [Reports](#).

#### **9.2.3.8. How do I upload the individual CSV files?**

The CSV files must be compressed into a single file by zipping before upload. The filename of the zip file doesn't matter as long as it has the file extension .zip All the required CSV files must be included for each upload, even if the file contains no data. If choosing to include any optional CSV files, these must be included with the required files in the single upload zip file.

See [Upload specification](#).

#### **9.2.3.9. How do I fix upload file errors?**

Refer to [Correcting upload errors](#).

#### **9.2.3.10. How do I fix data errors in an upload?**

Refer to [Record formats](#) related to column name for each error. By clicking on the field name this will take you to the field definition which outlines the associated notes that provide guidance on which response to use.

If still unsure, please email the PMHC helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a copy of the error email, and/or a screenshot if possible. The error email is very important for the Helpdesk to quickly identifying the error and to provide you with a clear response on how to rectify the data issue.

#### **9.2.3.11. Has my data uploaded if my file has an error status?**

No. Only 'Complete' uploads that are not in test mode, are recorded in the PMHC MDS.

See [Viewing Previous Uploads](#).

#### **9.2.3.12. Will valid data be accepted if there are errors in the file?**

For example, if we upload 200 lines of service contacts, and there are validation errors in 10 lines - will 190 lines be accepted?

No. All files and records in an upload have to validate before any data is accepted.

#### **9.2.3.13. If validation rules change how will you treat legacy data?**

When implementing new validation rules or changing existing rules, where possible we prefer to enforce the new rules as of a certain date.

For example, if a data field that is now optional where to be made mandatory, we would specify that it was mandatory as of a particular date. For any data previous to that date the field could still be optional, but for any data after that date the field would be mandatory.

#### **9.2.3.14. I am receiving an upload error that has a code that is not in my records. What should I do now?**

We have implemented an upload error log that reports when an error is not providing the relevant details. The error log code will be reported to the user after the error message, for example [ABC123ZY]

The [AW97AZRX] error code refers to our internal error log. With this error code, we will be able to quickly source you the relevant key details for this record. And this error log is also reviewed by our developers to diagnose and fix the specific error to ensure that the system reports the relevant details/keys for future uploads.

If you receive this types of errors message, please email the PMHC Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a copy of the entire error message along with the error code.

#### **9.2.3.15. I am receiving an unknown error in my records. How can I fix this?**

If you receive an 'unknown error' message, please email the PMHC Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a copy of the error email, and/or a screenshot if possible. The error email is important, and will assist the helpdesk to quickly identify the error, and provide you with a clear response on how to rectify the issue.

#### **9.2.3.16. Why am I receiving an error saying I don't have permission to upload organisation data?**

If you receive an error message stating 'Upload file contains organisations data, but user doesn't have Organisation Management role' you do not have permission to upload organisation data. (The Organisation Management role is only available for PHN users - see [Users Roles](#))

The 'Organisations' data is optional and does not need to be included in the uploaded file. Please delete the 'Organisations' worksheet/file from your upload.

#### **9.2.3.17. Why am I receiving an error saying 'Could not find worksheet [Name]'?**

This error occurs when you are uploading an Excel spreadsheet. The worksheet names need to exactly match the name in the 'Excel worksheet name' column of the 'Summary of files to upload' table at [Files or worksheets to upload](#). If all the required worksheets are not present you will receive the error above.

#### **9.2.3.18. Why am I receiving an error saying 'Invalid version line in worksheet [Name]'?**

The top line of the worksheet must include the following columns:

Version	1.0
---------	-----

### **9.2.3.19. Why am I receiving an error saying 'Column [Name] is not valid'?**

Each item is a column in the file/worksheet. The 'Field Name' should be used for the column headings. These values can be found at [File format](#), or listed on the provided example file at [Files or worksheets to upload](#). If the Column [Name] doesn't match identically you will receive the error above.

### **9.2.3.20. Why am I receiving an error saying 'Organisation\_path is not valid on row ....'?**

The organisation path provided does not map to a valid organisation. The format should be a combination of your PHN key and the provider organisation key, separated with a colon. Example PHN\_key:POrg\_key. If the organisation path doesn't match identically you will receive the error above.

### **9.2.3.21. Why am I receiving an error saying 'Invalid version number on row 1'?**

If you are uploading using the version 1 specification, you need to record a valid version number on row one, column two. Column one will include the word 'Version', Column two should include a number. We are currently only accepting Version 1, or Version 1.X eg 1.0 or 1.1 . If the version number doesn't match identically you will receive the error above.

Uploads using version 2 and above should use a metadata file or worksheet.

### **9.2.3.22. Why am I receiving an error saying 'Column [Name] is required on row ...'?**

There is a required field that has not been entered. If not supplied, insert the default 'Missing' or 'Not recorded' value. These values can be found at [Record formats](#). If the Column [Name] is blank in a mandatory field you will receive the error above.

### **9.2.3.23. Why am I receiving an error saying 'Invalid file ...'?**

The system is having trouble identifying your upload file. Please provide a copy of your upload file to [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

### **9.2.3.24. Why am I receiving an error saying 'Could not parse worksheet [Name]: Bad request at ...'?**

Something has gone wrong with the upload. Please contact [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

## **9.2.4. Capturing additional data**

- It seems that the data being collected is quite limited, would it not be useful to collect more detailed information?
- The information collected does not fit into the available fields. Can we add another option?
- Can the PMHC MDS capture and record additional data?

#### **9.2.4.1. It seems that the data being collected is quite limited, would it not be useful to collect more detailed information?**

The development of the minimum dataset balanced the ideal against what was realistic, given that any additional data item places extra burden on those collecting and entering data.

Organisations may collect extra information for their own analysis however this information does not need to be submitted to the PMHC MDS.

Refer to [What are the options where the information collected does not fit into the available fields?](#)

#### **9.2.4.2. The information collected does not fit into the available fields. Can we add another option?**

The development of the minimum dataset balanced the ideal against what was realistic, given that any additional data item places extra burden on those collecting and entering data.

See [What are the options where the information collected does not fit into the available fields?](#) and [Can the PMHC MDS capture and record additional data?](#)

#### **9.2.4.3. Can the PMHC MDS capture and record additional data?**

The PMHC MDS is designed to monitor and evaluate regional service delivery against key mental health performance indicators and can not capture and record additional data outside the [Data model](#).

The PMHC MDS does not confine PHNs to the data specified. Rather, it sets the minimum and common ground for what data are to be collected and reported for mental health services commissioned by PHNs.

It is anticipated that many PHNs will seek to collect and manage an enhanced set of data to meet local needs, however this data will not be submitted to the MDS.

Refer to [It seems that the data being collected is quite limited, would it not be useful to collect more detailed information?](#)

#### **9.2.5. Checking data**

- [Who should be checking data?](#)
- [How can I run a report?](#)
- [How can I view the rules of a report?](#)
- [What are the types of system reports?](#)
- [How can I view all data?](#)

#### **9.2.5.1. Who should be checking data?**

Each individual organisation is responsible for checking their data in the MDS to confirm its accuracy and completion. It is advisable that this review is undertaken regularly to ensure data integrity and avoid widespread errors.

#### **9.2.5.2. How can I run a report?**

If you can see the reports tab you will be able to run a report.

Refer to [Reports](#).

#### **9.2.5.3. How can I view the rules of a report?**

Each report has its own rules. If you are not sure what data is displayed in a report, please click on the 'Counting Rules Explained' link displayed after running a report.

Refer to [How to produce a report](#).

#### **9.2.5.4. What are the types of system reports?**

The reports are grouped into different categories, each designed to serve different purposes.

Refer to [Types of reports](#)

#### **9.2.5.5. How can I view all data?**

To access your data in full, you can download your data.

Refer to [Data Extract](#).

### **9.2.6. Storing data relating to the minimum dataset system**

#### **9.2.6.1. After entering data in the MDS how long should I store my hardcopy and/or electronic files?**

There is no set time limit; however, it is recommended that you archive this data and keep it secure for at least two years. As with all electronic data (including MDS) there is a risk of corruption due to a system bug or human error. The MDS stores the original upload files and the imported data, however it is always good to keep the original data as a backup to either check details against or re-enter, if needed.

### **9.2.7. Development of the PMHC Minimum Data Set**

- [Stage Two](#)
  - [When is Stage Two of development going to be implemented?](#)

- Data Entry Interface
- Reporting
- Master Client Index
- Suggesting changes

### 9.2.7.1. Stage Two

#### 9.2.7.1.1. When is Stage Two of development going to be implemented?

Stage Two development has been split into several components as outlined below:

- Data Entry Interface
- Reporting

Regularly check the announcements on the [PMHC MDS homepage](#) to remain informed about development releases.

#### 9.2.7.1.2. Data Entry Interface

The remaining features will be rolled out iteratively over the following months, and will be:

- Develop pre-filled fields for interrelated field specifications
- An Online K5, K10+, and SDQ Outcome Measures Self-Service Interface (OMSSS)

Regularly check the announcements on the [PMHC MDS home page](#) to remain informed.

#### 9.2.7.1.3. Reporting

The Department will consider local PHN reporting requirements in the next phase of reviewing current reporting functionality.

The [Types of reports](#) that are currently available are:

- Category A: Monitoring progress of MDS implementation
- Category B: Monitoring overall service delivery
- Category C: Monitoring implementation of stepped care
- Category D reports: Key Performance Indicators
- Category E: Reports for data managers to monitor data supply

Regularly check the announcements on the [PMHC MDS home page](#) to remain informed on development updates.

#### 9.2.7.1.4. Master Client Index

Current development for the master client index is on hold.

Refer to the recent Department announcement on the [INFORMATION and ACTION: PHN CEO - Primary Mental Health Care Minimum Data Set Update | June 21, 2017](#).

### **9.2.7.2. Suggesting changes**

In late 2018, the Department of Health reinstated the Primary Mental Health Care Data Reference Group (PMHCDRG) to assist them with reviewing and prioritising future PMHC MDS changes.

The PMHC Helpdesk often receives suggestions for changes to the current PMHC MDS specifications and/or functionality, however, the Department would like all suggestions to be formalised and to now go through PMHCDRG.

To assist you with the process of explaining your issue to the Department, please find an example paper that Brisbane North produced that you can use as a best practice sample - [Brisbane North PHN Example Paper](#).

Strategic Data are happy to provide comment on your paper before you formally submit it. To request this, please contact the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

Final papers should be submitted directly to the Department of Health at [MentalHealthData@health.gov.au](mailto:MentalHealthData@health.gov.au). However, we would appreciate it if you could copy in the PMHC Helpdesk whenever possible.

### **9.2.8. PMHC mailing list**

- [How can I be advised of any changes to the MDS?](#)
- [I have an MDS account but don't receive update emails.](#)
- [I no longer wish to receive PMHC update emails. How can I be removed from the list?](#)
- [I am a third-party software developer developing code to assist with uploading data to the MDS. Can I be informed of updates to the MDS?](#)

#### **9.2.8.1. How can I be advised of any changes to the MDS?**

When changes are made to the MDS we alert all users via an email list. MDS users are automatically added to this list, however sometimes other Primary Health Network or provider organisation staff who do not have accounts wish to be informed of updates.

If you would like to be added to the mailing list please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

#### **9.2.8.2. I have an MDS account but don't receive update emails.**

Please check that we have your correct email address. Refer to [Updating your details](#)

Mailing list emails will be sent from [support@pmhc-mds.com](mailto:support@pmhc-mds.com). Please make sure this is not being caught by any spam filters.

### **9.2.8.3. I no longer wish to receive PMHC update emails. How can I be removed from the list?**

Please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and ask to be removed from the mailing list.

### **9.2.8.4. I am a third-party software developer developing code to assist with uploading data to the MDS. Can I be informed of updates to the MDS?**

Yes, we have a mailing list specifically for third-party developers.

Please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and ask to be added to the developers mailing list. Please provide us with a generic address that will survive staffing changes.

## **9.2.9. Getting Help**

A dedicated **helpdesk** is available to support Primary Health Networks and provider organisations implementing PMHC in relation to the minimum dataset system. All enquiries should be directed to: [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

## **9.3. Frequently Asked Questions Change log**

### **9.3.1. 20/1/2020**

#### **9.3.1.1. System - Data Entry FAQs**

- Added the question [How can I capture client services under the 2020 Australian Government Mental Health Response to Bushfire Trauma?..](#)

### **9.3.2. 28/10/2019**

#### **9.3.2.1. System - Development FAQs**

- Added a section [Suggesting changes](#)

### **9.3.3. 21/06/2019**

#### **9.3.3.1. System - Data Entry FAQs**

- Updated the question [How do I enter a K10+, or K5, or SDQ?](#)

### **9.3.4. 8/4/2019**

#### **9.3.4.1. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

## **9.3.5. 14/3/2019**

### **9.3.5.1. System - Uploading data**

- Added the question [Why am I receiving an error saying I don't have permission to upload organisation data?](#)
- Updated the question [How do I fix upload file errors?](#)
- Moved error messages from the Upload User Guide to [Uploading Data FAQs](#)

### **9.3.5.2. System - Checking Data FAQs**

- Added the question [How can I run a report?](#)
- Added the question [How can I view the rules of a report?](#)
- Added the question [What are the types of system reports?](#)

### **9.3.5.3. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

## **9.3.6. 11/9/2018**

### **9.3.6.1. System - Access FAQs**

- Updated the question to [How do I get started using the MDS?](#)

### **9.3.6.2. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

## **9.3.7. 23/7/2018**

### **9.3.7.1. System - Development FAQs**

- Updated the question to [Reporting - Development of the PMHC Minimum Data Set](#)

## **9.3.8. 13/3/2018**

### **9.3.8.1. Concepts Processes - Specific Data Items and Definitions**

- Added the question [One episode of care at a time: We have clients who are receiving treatment at multiple programs and require multiple episodes with different 'Principal Focus of Treatment Plan'. The PMHC MDS only allows one episode at a time for each client, defined at the level of the provider organisation. What do we do?](#)

### **9.3.8.2. System - Development FAQs**

- Updated the question to [Reporting](#)

### **9.3.9. 19/1/2018**

#### **9.3.9.1. Concepts Processes - Outcome Measures FAQs**

- Fixed a spelling error in K5 for Aboriginal and Torres Strait Islander population

### **9.3.10. 22/12/2017**

#### **9.3.10.1. System - Development FAQs**

- Updated the question to [Reporting](#)

### **9.3.11. 08/12/2017**

#### **9.3.11.1. System - Data Entry FAQs**

- Added the question [How can I close an episode?](#)
- Updated the question [How do I enter a referral?](#)

### **9.3.12. 20/11/2017**

#### **9.3.12.1. System - Data Entry FAQs**

- Updated the question [How can I delete a record I incorrectly entered?](#)
- Updated the question [How can I edit a record's identifying key?](#)

#### **9.3.12.2. System - Upload FAQs**

- Updated the question [How can I delete a record I have previously uploaded?](#)

#### **9.3.12.3. System - Development FAQs**

- Updated the question to [Data Entry Interface](#)

### **9.3.13. 03/10/2017**

#### **9.3.13.1. System - Data Entry FAQs**

- Updated the question [Do I enter a Service Contact when a client doesn't show up for the session?](#)
- Updated the question [How do I enter a K10+, or K5, or SDQ?](#)

### **9.3.13.2. System - Uploading data FAQs**

- Added the question [I am receiving an upload error that has a code that is not in my records. What should I do now?](#)
- Added the question [I am receiving an unknown error in my records. How can I fix this?](#)

### **9.3.14. 12/9/2017**

#### **9.3.14.1. System - Uploading data FAQs**

- Added the section [Should an upload file only contain new or changed data or should it contain all cumulative data from the start of service delivery?](#)
- Removed the section 'Should an upload file include all service contacts and measures for an episode every time?'
- Removed the section 'Do I need to include all service contacts and measures for an episode in an file?'
- Added the section [Will valid data be accepted if there are errors in the file?](#)

### **9.3.15. 30/8/2017**

#### **9.3.15.1. System - Data Entry FAQs**

- Updated the question [What is the best way to manage the client key?](#)
- Updated the question [Can you suggest a best practice approach to managing client keys?](#)
- Updated the question [How will the Master Client Index work?](#)
- Added the question [How do I find or create a Client's Statistical Linkage Key \(SLK\)?](#)
- Added the question [How do I enter a referral?](#)
- Added the question [How do I enter a K10+, or K5, or SDQ?](#)
- Added the question [Do I enter a Service Contact when a client doesn't show up for the session?](#)
- Added the question [If the client is referred elsewhere \(e.g. not suitable for this service\) should this be recorded?](#)
- Added the question [I have an error message but no idea what it means or how to fix it. What should I do?](#)
- Added the question [How do I find what my Practitioner Key is?](#)
- Added the question [How do I find what the Episode Key, Service Contact Key and Outcome Collection Occasion Key is?](#)
- Added the question [How can I delete a record I incorrectly entered?](#)
- Added the question [How can I edit a record's identifying key?](#)

#### **9.3.15.2. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

### **9.3.15.3. System - Upload FAQs**

- Added the question 'Do I need to include all service contacts and measures for an episode in an file?'
- Added the question [How can I edit a record I have previously uploaded?](#)
- Added the question [How can I view my uploaded data?](#)
- Added the question [How can I delete a record I have previously uploaded?](#)
- Added the question [How do I upload the individual CSV files?](#)
- Added the question [How do I fix upload file errors?](#)
- Added the question [How do I fix data errors in an upload?](#)
- Added the question [Has my data uploaded if my file has an error status?](#)

## **9.3.16. 28/7/2017**

### **9.3.16.1. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

## **9.3.17. 26/6/2017**

### **9.3.17.1. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)
- Removed the question *What features will be included in Stage Two development?*
- Added the section [Reporting](#)

## **9.3.18. 21/6/2017**

### **9.3.18.1. System - Development FAQs**

- Updated the question to [Data Entry Interface](#)

## **9.3.19. 6/7/2017**

### **9.3.19.1. System - Data Entry FAQs**

- Added the question to [Why is an episode showing as uncommenced?](#)

### **9.3.19.2. System - Development FAQs**

- Added the question to [Data Entry Interface](#)
- Added the question to [Master Client Index](#)

### **9.3.19.3. System - Upload FAQs**

- Added the question to [How can I review why the status of my upload file shows error?](#)

## **9.3.20. 1/5/2017**

### **9.3.20.1. System - Data Entry FAQs**

- Refined the answer to [Can I go back and enter information if I don't have it at the time?](#)

### **9.3.20.2. System - Development FAQs**

- Refined the answer to [When is Stage Two of development going to be implemented?](#)

## **9.3.21. 10/3/2017**

### **9.3.21.1. Concepts Processes - Outcome Measures FAQs**

- Refined the answer to [MHNIP outcome measures](#)

### **9.3.21.2. Concepts Processes - Scope FAQs**

- Added the question [Are services previously delivered under MHNIP expected to collect the PHMC MDS?](#)

### **9.3.21.3. System - Access FAQs**

- Added the question [I do not have a work mobile. What do I do?](#)
- Added the question [Are services previously delivered under MHNIP expected to collect the PHMC MDS?](#)
- Added the question [Can I invite different users by using the same mobile?](#)
- Refined the answer to [What can a user see in the MDS?](#)
- Added the question [What should I do if a user didn't receive the email invitation?](#)
- Added the question [Can I add an existing user to another PHN or Provider Organisation?](#)
- Added the question [Why did I get this message when inviting a user - '500 Internal Server Error: Inviting user failed: An outstanding PMHC MDS invite exists'?](#)
- Added the question [What should I do if a user didn't receive the email invitation?](#)
- Added the question [What should I do if a user didn't receive the invitation SMS token?](#)
- Added the question [What should I do if a user deleted the email invitation or the SMS token?](#)
- Refined the question [I'm a third-party software developer developing software to assist with uploading data to the MDS. Can I have an account to test my data uploads?](#)

### **9.3.21.4. System - Data Entry FAQs**

- Added the question [Can I enter fictitious data as a part of testing?](#)
- Added the question [Where do I enter MHNIPS data collection?](#)

- Added the question [Can the PMHC MDS capture and record additional data?](#)
- Added the question [Why can't we use the SLK as the client key?](#)

#### **9.3.21.5. System - Development FAQs**

- Added the question [When is Stage Two of development going to be implemented?](#)
- Added the question [What features will be included in Stage Two development?](#)

#### **9.3.21.6. System - Uploading FAQs**

- Added the question [How can I view my uploaded data?](#)

### **9.3.22. 8/2/2017**

- Made the 'Department response to issues raised by PHNs' document the [Concepts and Processes Frequently Asked Questions](#) subsection in the online Frequently Asked Questions
- Moved the current Frequently Asked Questions section into the [System Frequently Asked Questions](#) subsection in the online Frequently Asked Questions

## **10. User Guide Change log**

### **10.1. 23/1/2020**

- Updated [Adding a Client's Episode data](#) to include !br20 tag note.
- Updated [Editing a Client's Episode data](#) to include !br20 tag note.
- Updated screenshots for [Data Entry - Episodes](#)
- Added report [B6 – Client Outcomes](#)

### **10.2. 6/9/2019**

- Updated reports OUT-1 and OUT-2 and OUT-3 to [Out series reports \(Out-1 to Out-3\)](#)

### **10.3. 14/8/2019**

- Added reports OUT-1 and OUT-2 to [Category D: Key Performance Indicators](#)

### **10.4. 16/7/2019**

- Added [Duplicating a Client's existing Service Contact data](#)
- Updated screenshots for [Outcome Collection Occasions](#)

### **10.5. 21/06/2019**

- Edited [Adding a Client's Outcome Collection Occasion data](#) to include entering SDQ items scores.

## **10.6. 14/3/2019**

- Edited [Inactivate a Provider Organisation](#)
- Added [Viewing an inactive Provider Organisation](#)
- Updated screenshots for [Organisations](#)
- Updated screenshots for [Service Contacts](#)
- Added reports C3 to [Category C: Monitoring implementation of stepped care](#)
- Added [Correcting upload errors](#)
- Moved example upload error messages to [Uploading Data FAQs](#)

## **10.7. 19/11/2018**

- Added [Password Expiry Notifications](#)
- Moved [Forgotten or Expired Password](#) from under [Home, Sign-in & Passwords](#) to under [Passwords Requirements](#)
- Edited [Inactivate a Provider Organisation](#)
- Added [Deleting an invitation](#)
- Edited [Editing a user's roles](#)
- Updated screenshots for [Upload](#)
- Edited [A9 – Data quality report – Recording of outcome measures for completed episodes](#)
- Edited [A8 – Data quality report – Recording of outcome measures for open episodes](#)

## **10.8. 11/9/2018**

- Added reports C1-C2 to [Category C: Monitoring implementation of stepped care](#)

## **10.9. 23/7/2018**

- Added reports A7-A9 to [Category A: Monitoring progress of MDS implementation](#)
- Added reports B1-B5 to [Category B: Monitoring overall service delivery](#)

## **10.10. 13/3/2018**

- Added reports A3-A6 to [Category A: Monitoring progress of MDS implementation](#)
- Added [Closing a Client's Episode](#)

## **10.11. 19/1/2018**

- Updated screenshots for [Home, Sign-in & Passwords](#)
- Updated screenshots for [Data Entry](#)
- Updated screenshots for [Data Extract](#)
- Updated screenshots for [Organisations](#)
- Updated screenshots for [Reports](#)
- Updated screenshots for [Upload](#)

- Updated screenshots for [Users](#)
- Updated the question to [Reporting](#)
- Edited the Reporting [Users Roles](#)
- Edited [Passwords Requirements](#) to state the password email will be received from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au)

## 10.12. 22/12/2017

- Edited [Reports](#) documentation
- Edited [Data Extract](#)
- Moved [Data Extract](#) out from under [Reports](#)
- Edited the Reporting [Users Roles](#)

## 10.13. 08/12/2017

- Added [Dates explained for Data Extract](#)

## 10.14. 20/11/2017

- Edited [Editing a Practitioner](#)
- Added [Editing a Practitioner Key](#)
- Edited [Editing a Client](#)
- Added [Editing a Client Key](#)
- Edited [Editing a Client's Episode data](#)
- Added [Editing an Episode Key](#)
- Edited [Editing a Client's Service Contacts for an Episode](#)
- Added [Editing a Service Contact Key](#)
- Edited [Editing a Client's Outcome Collection Occasions for an Episode](#)
- Added [Editing a Collection Occasion Key](#)
- Edited [Adding a Client's Outcome Collection Occasion data](#)

## 10.15. 25/10/2017

- Edited [Deleting a Practitioner](#)
- Edited [Deleting a Client](#)
- Edited [Deleting an Episode](#)
- Edited [Deleting a Service Contact](#)
- Edited [Deleting an Outcome Collection Occasion](#)
- Added [Inactive Practitioners](#)

## 10.16. 23/10/2017

- Edited [Editing a Client](#)

## **10.17. 03/10/2017**

- Edited [Finding a user](#)
- Edited [Adding a new user](#)

## **10.18. 25/9/2017**

- Edited [Viewing a user's roles](#)
- Edited [Editing a user's roles](#)

## **10.19. 25/8/2017**

- Edited [Adding a New Client](#)
- Edited [Editing a Client](#)
- Updated screenshots for [Data Entry](#)

## **10.20. 28/7/2017**

- Removed [Reporting](#) documentation
- Added [Reports](#) documentation
- Moved [Data Extract](#) under [Reports](#)

## **10.21. 20/7/2017**

- Added [Adding a Client's Outcome Collection Occasion data](#)
- Added [Editing a Client's Outcome Collection Occasions for an Episode](#)
- Added [Deleting an Outcome Collection Occasion](#)

## **10.22. 11/7/2017**

- Edited [Finding a Practitioner](#)
- Edited [Viewing a Practitioner](#)
- Edited [Adding a Practitioner](#)
- Edited [Editing a Practitioner](#)
- Edited [Deleting a Practitioner](#)
- Updated screenshots for [Data Entry](#)

## **10.23. 30/6/2017**

- Added [Adding a New Client](#)
- Added [Editing a Client](#)
- Added [Deleting a Client](#)
- Added [Adding a Client's Episode data](#)
- Added [Editing a Client's Episode data](#)

- Added [Deleting an Episode](#)
- Added [Adding a Client's Service Contact data](#)
- Added [Editing a Client's Service Contacts for an Episode](#)
- Added [Deleting a Service Contact](#)
- Updated screenshots for [Data Entry](#)

## 10.24. 14/6/2017

- Added [Adding a Practitioner](#)
- Added [Editing a Practitioner](#)
- Added [Deleting a Practitioner](#)
- Moved [Finding a Practitioner](#) under Data Entry tab
- Moved [Viewing a Practitioner](#) under Data Entry tab
- Moved [Viewing all Organisational Users](#) under Users tab
- Moved [Assigning Extra Roles to an Organisational User](#) under Users tab

## 10.25. 26/5/2017

- Updated screenshots for [Data Entry](#) documentation
- Updated screenshots for [Adding a new user](#)
- Updated screenshots for [Editing a user's roles](#)
- Updated screenshots for [Viewing Upload Details](#)
- Updated screenshots for [Error messages](#)
- Added [Complete uploads](#)

## 10.26. 18/5/2017

- Added [Data Entry](#) documentation
- Added [Viewing a Practitioner](#)
- Added to the [Users Roles](#) section
- Moved [Accepting an invitation to become a PMHC MDS User](#) under Home tab
- Updated screenshots for [Adding a new user](#)
- Updated screenshots for [Editing a user's roles](#)

## 10.27. 15/3/2017

- Updated the references of suborganisations to provider organisation

## 10.28. 10/3/2017

- Added [Adding an existing user](#) documentation
- Updated screenshots for [Accepting an invitation to become a PMHC MDS User](#) to include the Reporting role
- Updated screenshots for [Viewing a user's roles](#) to show roles at an organisation
- Added screenshots for [Logging In](#) to show the pop up count down feature

- Added screenshots for [Uploading a file](#) to include the organisation drop down

## 10.29. 24/2/2017

- Added [Data Extract](#) documentation
- Added [Reporting](#) documentation
- Added Reporting role information to the [Users Roles](#) section
- Updated screenshots for [Adding a new user](#) to include the Reporting role
- Updated screenshots for [Editing a user's roles](#) to include the Reporting role

## 10.30. 8/2/2017

- Reorganised the documentation to separate User Guide and Frequently Asked Questions
- Updated user guide for user interface changes that created sub tabs

## Data Specifications

The PMHC MDS Data Specification documentation site defines what data items are collected in the PMHC MDS, what file formats are accepted for upload and associated reporting requirements - available at <https://docs.pmhcmds.com/#data-specifications>.