Policy Directive

NSW GOVERNMENT

Mental Health Outcomes and Assessment Tools (MHOAT) Collection and Reporting Requirements

Summary	All NSW public mental health services are required to complete standardised mental health outcome measure collections with all persons accessing mental health care.

Document type	Policy Directive
Document number	PD2024_031
Publication date	24 September 2024
Author branch	System Information and Analytics
Branch contact	(02) 9391 9000
Replaces	IB2020_021
Review date	24 September 2029
Policy manual	Health Records and Information Manual for Community Health Facilities, Patient Matters Manual for Public Health Organisations
File number	H20/159750
Status	Active
Functional group	Clinical/Patient Services - Information and Data, Mental Health Corporate Administration - Information and Data
Applies to	Ministry of Health, Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, NSW Health Pathology, Public Health System Support Division, Government Medical Officers, Community Health Centres, Public Hospitals
Distributed to	Ministry of Health, Public Health System, Government Medical Officers
Audience	All mental health staff within all mental health care settings;All data and information staff

NSW Health
Policy Directive

Mental Health Outcomes and Assessment Tools (MHOAT) Collection and Reporting Requirements

Policy Statement

NSW Health organisations must ensure that all mental health services complete standardised outcome measure collections about clinical status and functioning with all persons assessed by a mental health service.

Summary of Policy Requirements

Mental Health Outcomes and Assessment Tools (MHOAT) is required in all mental health service settings, for all service types and all age groups. This includes:

- Admitted Patient Care – acute and non-acute inpatient psychiatric care, including Psychiatric Emergency Care Centres (PECC), at a public psychiatric facility or a designated psychiatric unit in a public hospital.

- Community Residential Care – care in a service clinically staffed in the community.

- Ambulatory Care – where the person is not concurrently receiving admitted or community residential care.

All NSW public mental health services are required to use available electronic medical record (eMR) systems for the documentation of MHOAT where available.

MHOAT data is to be sourced and provided to NSW Health via the Enterprise Data Warehouse for Analysis, Reporting and Decision support (EDWARD).

NSW Health organisations must undertake data quality checks to ensure the completion and accuracy of MHOAT collections. Inconsistencies or errors in the data within a particular record or extract must be identified and corrected.

Training and education are to be provided for clinicians in the areas of mental health outcome measures, outcome measure collections, and related eMR systems and processes. There must also be local training and education for information management staff involved in MHOAT data collection and reporting.

MHOAT is a NSW Health data asset and is to be governed under the NSW Health Data Governance Framework. Data are to be used for meeting mandatory national reporting requirements of the National Outcomes and Casemix Collection (NOCC) and for submissions to the Australian Mental Health Care Classification (AMHCC) of the Independent Health and Aged Care Pricing Authority (IHACPA).

Revision History

Version	Approved By	Amendment Notes
PD2024_024 September-2024	Deputy Secretary, System Sustainability and Performance Division	Updated in line with transition of data to EDWARD data warehouse.
IB2020_021 June-2020	Executive Director, System Information and Analytics Branch	Advised the revised Mental Health Outcomes and Assessment Tools (MHOAT) and Community Mental Health Ambulatory (CHAMB) reporting requirements to support the inclusion of MHOAT and CHAMB data into the new EDWARD data warehouse.
PD2006_041 June-2006	Director-General	
PD2005_202 January-2005	Director-General	

Contents

1. Background

NSW Health organisations must ensure that all mental health services complete standardised outcome measure collections about clinical status and functioning with all persons assessed by a mental health service.

The collections include both clinician and person rated Mental Health Outcomes and Assessment Tools (MHOAT) and are to be completed at defined points during a person's engagement with a service. Results support collaborative care and the monitoring of progress and outcomes.

This information forms the basis of the NSW MHOAT data asset, an ongoing statewide data collection routinely collecting and collating data across admitted, community residential and ambulatory care service settings. This data is used for mental health state and national reporting, clinical benchmarking, service planning, and program evaluation.

1.1. About this document

This Policy Directive outlines the protocol for the collection and reporting of information from Mental Health Outcomes and Assessment Tools (MHOAT), which applies to all NSW public mental health services. The focus is on outcome collections, including outcome measures and phase of care, for people assessed and receiving mental health services.

1.2. State and Commonwealth framework

MHOAT was introduced as a statewide initiative on 1 July 2001 to improve the quality and outcomes of mental health care in NSW.

MHOAT enables NSW to meet the mandatory national reporting requirements of the National Outcomes and Casemix Collection (NOCC). It is also required for the Australian Mental Health Care Classification (AMHCC), which is the mechanism for funding mental health admitted patients (from 1 July 2022), and community services (from 1 July 2025), through the Independent Health and Aged Care Pricing Authority (IHACPA).

2.   Scope of MHOAT

2.1.   In scope

The use of Mental Health Outcomes and Assessment Tools (MHOAT) applies to all persons accessing public specialist mental health services in NSW – in all service settings, for all service types and all age groups. This includes:

- Admitted Patient Care – acute and non-acute inpatient psychiatric care, including Psychiatric Emergency Care Centres (PECC), at a public psychiatric facility or a designated psychiatric unit in a public hospital.

- Community Residential Care – care in a service clinically staffed in the community.

- Ambulatory Care – where the person is not concurrently receiving admitted or community residential care.

NSW MHOAT requirements also apply to all consultation and liaison services (CL). For brief episodes of clinical care (3 days or less), an assessment (admission) outcome measure collection is usually required when a person has been assessed and there is sufficient information for rating. Discharge measures are not required for brief episodes.

NSW Health Mental Health funded private, non-government or community managed organisations may have contracts under partnership or bilateral arrangements requiring standardised outcome measure collections and the provision to report MHOAT data.

Specialist mental health services that are not funded under the NSW Mental Health Budget are in scope, though inclusion of data may be excluded from some state and/or national reporting.

2.2.   Out of scope

Out of scope for MHOAT are:

- persons who only receive mental health services via a group activity and the group activity does not require identification of the individuals receiving the service (for example, health promotion group activity at a school with 150 students)

- persons who only receive mental health services via an individual contact with a mental health clinician (either directly or indirectly) and the individual contact does not warrant identification of the individual (for example, a person incorrectly calling a mental health telephone access line, MHTAL)

- persons not registered under a specialist mental health service (mental health care type, known as 'M' care type) and not receiving mental health CL services.

3.   Administration and Collection

The particular measures within each Mental Health Outcomes and Assessment Tools (MHOAT) collection are determined by the:

- mental health service setting (admitted inpatient, community residential, ambulatory)

- age group of the person (0-17, 18-65, 65 years and older), and

- reason for collection (admission, review, discharge).

On occasion, a clinician may choose to complete a collection for a person that does not align with their age grouping. For example, a clinician may complete an older person's collection (65 years and older) with a person in mid-adulthood living with dementia.

This Policy Directive aligns with the National Outcomes and Casemix Collection (NOCC protocol) for what data is collected and when it is to be collected. It is a component of comprehensive and appropriate clinical care. The NOCC protocol defines work processes for data collections that provide data to the MHOAT extract. NOCC specifications are to be referred to for definitions, business rules and details on the measures and requirements at each collection occasion.

MHOAT collection requirements should always be secondary to clinical logic. If a person becomes registered with a mental health service, then MHOAT data collection according to this Policy Directive would follow. The initial assessment (admission) measure is collected as a measure of casemix / complexity and the second and further (review / discharge) measure/s allow measurement of change.

Table 1. MHOAT Collection Protocol across Settings and Occasions

SETTING	COLLECTION OCCASIONS				
	ADMISSION	REVIEW		DISCHARGE	
		35 days	91 days / 13 weeks		
ADMITTED **Acute Inpatient**	✓ Within 3 days of admission	✓ 35 days after admission collection	✓ 91 days after prior review, and each 91 days thereafter	× If admission 3 days or less	✓ If admission > 3 days
ADMITTED **Non-Acute Inpatient**	✓ Within 3 days of admission	×	✓ 91 days after admission collection, and each 91 days thereafter	× If admission 3 days or less	✓ If admission > 3 days
COMMUNITY **Ambulatory**	✓ Within 14 days of admission	×	✓ 91 days after admission collection, and each 91 days thereafter	× If admission 14 days or less	✓ If admission > 14 days
COMMUNITY **Community Residential**	✓ Within 14 days of admission	×	✓ 91 days after admission collection, and each 91 days thereafter	× If admission 14 days or less	✓ If admission > 14 days

4. Health Care Records

All NSW public mental health services are required to use available electronic medical record (eMR) systems for the documentation of Mental Health Outcomes and Assessment Tools (MHOAT) where available. The eMR system prescribes appropriate outcome measure tools to complete for a person dependent on setting, age and the time point of care (admission, review, discharge). Direct clinician entry of MHOAT ratings into the eMR system and transcription (by clinicians) of consumer rated measures into eMR systems will support accessibility of information in the person's record to support care, as well as reporting requirements.

The National Outcomes and Casemix Collection (NOCC) protocol (used for MHOAT) is designed for general use and translated into eMR systems. It has not been nuanced to particular programs. It is acknowledged there may be variations, dependent on service models. If it is seen as appropriate and safe, reasons for variation from the NOCC protocol must be documented, supported by local Executive leadership, and able to be communicated to the Secretary of NSW Health as required.

Within a person's eMR, MHOAT is available alongside other mental health clinical documentation. MHOAT results can be:

- Entered / transcribed
- Viewed
- Updated
- Graphed over time
- Included / imported into relevant clinical notes and correspondence.

5. Provision of MHOAT Data

Mental Health Outcomes and Assessment Tools (MHOAT) data is sourced and provided via the Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD; from 1 July 2023). This followed the decommissioning of the Health Information Exchange (HIE) data warehouse.

Each NSW Health organisation is responsible for:

- Supplying data to EDWARD in accordance with timelines directed by NSW Health.

- Instructing and working with their information system developers or support providers to ensure that all endorsed (mandatory) changes to source system extracts are implemented promptly to meet the evolving reporting requirements under EDWARD.

- Assisting with the testing of the changes when they are implemented locally to ensure alignment with local source system configuration.

- Raising locally identified issues with the source system extract through the appropriate channels.

- Addressing any identified data quality issues in the source system, including the provision of re-extracted data where required.

6. MHOAT Extract Specifications

This Policy Directive requires all local health districts and specialty health networks to comply with the Mental Health Outcomes and Assessment Tools (MHOAT) requirements specified in the MHOAT HIE and EDWARD Extract Specification.

The Enterprise Data Warehouse for Analysis, Reporting and Decision (EDWARD) has been modified to load the MHOAT Mental Health Outcomes and Assessment Tools (extract) and transform the data into the EDWARD schema and classification standard. These modifications have been endorsed for NSW and all local health districts and specialty health networks are responsible for their implementation. The data included in the EDWARD Data Stream is specified in the Health Information Resources Directory (HIRD).

A "Service Encounter Record Identifier" field is supplied by the source system in the EDWARD MHOAT extract. The inclusion of this field enables MHOAT records to be linked to the relevant Admitted Patient (AP), Emergency Department (ED) or Community Mental Health Ambulatory (CHAMB) service encounter.

Some person information data items in the extract are not loaded into EDWARD, as that information is already provided by the source systems via the EDWARD person data stream. Nevertheless, these data items have been kept as mandatory in the MHOAT extract as they were required for the HIE extract during the HIE to EDWARD transition period.

7. Reporting and Use of MHOAT Data

From a reporting perspective, Mental Health Outcomes and Assessment Tools (MHOAT) information can be considered at a person level, as well as at a ward / team / service or district level. Local Health District / Specialty Health Network (LHD/SHN) level reports can also be run on MHOAT collections within and across services. MHOAT is also used for state and national level mental health reporting to assess clinical status and to measure change that has occurred for a person as a result of mental health care.

7.1. Person level

At a person level, MHOAT can be used to:

- Support the development of a therapeutic relationship between the clinician and the person.

- Identify issues for which goals / interventions could be considered and documented via care plans and other mental health clinical documentation.

- Assist people in considering options for their care and treatment.

- Monitor progress and evaluate the effectiveness of treatments; thereby providing information that will assist decisions about clinical practices.

7.2. Ward / team / service and LHD/SHN level

At ward / team / service and LHD/SHN level, reports from the electronic medical record (eMR) system can assist to:

- Review case profiles and determine the percentage of persons with clinically significant item scores.

- Identify due, overdue or missing outcome measure collections.

- Identify training needs for health care workers and staff, in consideration of clinical care and recovery orientated care being required.

- Better understand the needs of people.

- Plan for the allocation of resources.

- Identify where service improvements are required.

7.3. System level

At a health system level, MHOAT data in NSW supports the following NSW and Commonwealth reporting requirements and information resources:

- NSW Health Improvement Measure: Mental Health: Outcome Readiness – Health of the Nation Outcome Scales (HoNOS) Completion Rates (%) (Indicator SSQ121).

- Health System Performance (HSP) Reports produced by the System Information and Analytics Branch of NSW Health for NSW State reporting and each LHD/SHN.

- NSW Health / Mental Health Branch system and performance monitoring with LHDs/SHNs.

- National Outcomes and Casemix Collection (NOCC) – De-identified data sets of MHOAT information are provided to the Commonwealth for inclusion in the NOCC by December of each year, following the financial year of collection.

- Australian Mental Health Care Classification (AMHCC) – utilises outcome measure information within the algorithm that is the mechanism for funding mental health admitted patients (from 1 July 2022). Community mental health is also expected to be funded under AMHCC from 2025-26.

In addition, MHOAT is regularly accessed for ad hoc reporting and research requests. Outcome measures can be linked for an individual to the activity components of a person's care journey across a variety of settings. This can provide information about the effectiveness of care and change in a person or cohort over time.

8. Data Quality

NSW Health organisations must undertake data quality checks to ensure that Mental Health Outcomes and Assessment Tools (MHOAT) collections are completed. Completion is to occur in accordance with timelines of the National Outcomes and Casemix Collection (NOCC) protocol, all required fields are to be completed, and inconsistencies or errors in the

data within a particular record or extract are to be identified and corrected. LHDs/SHNs should utilise available local level reports within the electronic medical record (eMR) system to support local data quality work.

Data quality is also assessed as part of national MHOAT annual data submissions to the Commonwealth. The Australian Institute of Health and Welfare (AIHW) runs a validation process as part of these submissions and liaises with NSW Health to address any identified errors or unusual variations, compared to previous submissions.

9. Training

Training and education must be provided for clinicians in the areas of mental health outcome measures, outcome measure collections, and related electronic medical record (eMR) systems and processes. Various resources are available on the eHealth Clinical Applications Hub for Mental Health. In addition, the Australian Mental Health Outcomes and Classification Network (AMHOCN) can be accessed for resources, an online training platform, and scheduled workshops and webinars.

There must also be local training and education in all Local Health Districts / Specialty Health Networks (LHDs/SHNs) for information management staff involved in Mental Health Outcomes and Assessment Tools (MHOAT) data collection and reporting. This must include training on the procedures implemented to monitor the quality of information capture.

10. Data Governance and Security

Mental Health Outcomes and Assessment Tools (MHOAT) is part of a person's medical record and adheres to confidentiality requirements. The collection, storage and analysis of all data collected through MHOAT adheres to the *Health Records and Information Privacy Act 2002* (NSW). The NSW Health Policy and Procedure Manual *Privacy Manual for Health Information* provides operational guidance to the legislative obligations imposed by the *Health Records and Information Privacy Act 2002* (NSW).

MHOAT is a NSW Health data asset and is also governed by the NSW Health Guideline *NSW Health Data Governance Framework* (GL2019_002).

11. References

- Australian Mental Health Care Classification

  https://www.ihacpa.gov.au/health-care/classification/mental-health-care

- Australian Mental Health Outcomes and Classification Network (AMHOCN), NOCC Collection

  https://www.amhocn.org/nocc-collection

- eHealth, Mental Health Clinical Applications Hub – for eMR resources and guides

  https://nswhealth.sharepoint.com/sites/EHNSW-ClinicalApplicationsHub-Solutions/sitePages/Mental-Health.aspx

- eHealth, Mental Health eMR Reports

  https://nswhealth.sharepoint.com/sites/EHNSW-ClinicalApplicationsHub-Solutions/sitePages/SBB-Report-CHOC-Mental-Health-Reports.aspx

- Independent Health and Aged Care Pricing Authority (IHACPA)

  https://www.ihacpa.gov.au/

- NSW Government Legislation. Privacy and Personal Information Protection Act 1998 No 133

  https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-133

- NSW Health, Care Type Policy for Acute, Sub-Acute and Non-Acute Admitted Patient Care

  https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_039.pdf

- NSW Health, Data Governance Framework Guideline GL2019_002

  https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2019_002.pdf

- NSW Health, Health Information Resources Directory (HIRD), EDWARD Data Stream – Mental Health Outcome and Assessment Tools

  http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=33940

- NSW Health, Health System Performance (HSP) Reporting

  https://internal.health.nsw.gov.au/data/Reports/index.html

- NSW Health, KPIs and Improvement Measures for Service Agreement Data Supplement

  http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=49174

- NSW Health, Mental Health Budget

  https://www.health.nsw.gov.au/mentalhealth/Pages/budget.aspx

- NSW Health, Mental Health Clinical Documentation Policy Directive PD2021_039

  https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2021_039

- NSW Health, Mental Health Outcomes and Assessment Tools (MHOAT)

  https://www.health.nsw.gov.au/mentalhealth/professionals/Pages/mhoat.aspx

- NSW Health, Mental Health Outcomes and Assessment Tools (MHOAT) HIE & EDWARD Extract Specification, EDWARD: HIE to EDWARD transition support resources

  https://internal.health.nsw.gov.au/data/edw/edward-hie-design-documentation.html

- NSW Health Privacy Manual for Health Information

  https://www.health.nsw.gov.au/policies/manuals/Pages/privacy-manual-for-health-information.aspx