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| Deceased Clients – Legal Status and Case Closure in CMI/ODS |
| Program Management Circular |
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# Key Message

All deceased clients on a legal status must have their status updated to ‘None’ and their case closed after their death is recorded in CMI/ODS.

# Purpose

To provide advice regarding the recording and updating of legal status and case closure for deceased clients in CMI/ODS.

# Background

CMI/ODS is the Victorian public mental health client information management system and comprises:

* Client Management Interface (CMI) – the CMI is the local client information system used by each public mental health service
* Operational Data Store (ODS) – the ODS manages a set of select data items from each CMI and is used to:
	+ allocate a unique (mental health) registration number for each client, known as the statewide unit record (UR) number
	+ share select client-level data between Victorian public area mental health services (AMHS) to support continuity of treatment and care
	+ ensure the legal basis for providing treatment is evident to all public mental health service providers where a client may be unable or unwilling to consent to treatment
	+ meet the various reporting requirements of the Department of Health
	+ support the statutory functions of the Chief Psychiatrist and the Mental Health Review Board.

# CMI/ODS Organisational Structure

The hierarchy of a mental health organisational structure in CMI/ODS follows:

* organisation
* establishment
* campus
* subcentre
* **program**.

A program is ‘the organisational service unit attached to a subcentre. Each program identifies a clinical function or service intervention performed by a team that relates directly to a funded activity’.

Each campus requires the creation of subcentre(s) and program(s) to record the delivery of services.

# Process

In accordance with s.348(1) of the *Mental Health Act 2014*, the authorised psychiatrist of each approved mental health service must report the death of a person receiving treatment or care for a mental disorder which is a ‘reportable death’ within the meaning of the *Coroners Act 2008*. This report is made by completing form MHA-125 (Notice of death) and submitting it to the Chief Psychiatrist.

Administrative staff should accept the completion of the MHA-125 as full authorisation to enter the death details into the CMI/ODS and close the current case(s) where this is not automatically performed by the system.

The date and time of the legal status change must be set at exactly one minute after the date and time of death, where the date and time are known and recorded.

Where either the date or time are not known, administrative staff should try to obtain the information in the first instance.

In the event that one or both are not able to be reliably determined, a best estimate should be made, based on information obtained from all available sources.

As a last resort, a default date and/or time may be recorded using the following protocol:

* last date of the week or month of death as the default date of death
* time of death (where unknown and unable to be estimated) recorded as 00:01 hours with legal status change recorded effective of 00:02 hours.

Recording a death does not in itself close a case where there is a current community episode. The case will automatically close if the only current episode is an admitted episode and the separation type/mode is ‘Death’. Administrative staff must check the case and manually close any open community episode to ensure post-mortem events are not recorded against an open case. Reportable post-mortem contacts may still be attributed to the client, but not a case.

# About Management Circulars

The information provided in this circular is intended as general information and not as legal advice. Mental health service management should ensure that policies and procedures are developed and implemented to enable staff to collect and use health information in accordance with relevant legislation

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