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| CMI/ODS Bulletin #45 |
| COVID-19 Mental Health Data  April 2020 |

# COVID-19 Mental Health Data CMI/ODS (Client Management Interface /Operational Data Store)

## Purpose

To outline

* CMI/ODS COVID-19 diagnostic data directive
* CMI/ODS Mental Health Tribunal hearing data directive
* CMI/ODS Telehealth contacts guidance
* CMI/ODS bed status update directive

## Background Timeline

* The World Health Organisation (WHO) describes COVID-19 as the infectious disease caused by the (novel) coronavirus strain, SARS-CoV-2, discovered in December 2019.
* 30 January 2020 the WHO declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC).
* On 11 March 2020 COVID-19 was characterised as a pandemic by the WHO.
* On 16 March 2020 A State of Emergency was declared in Victoria to combat COVID-19 and help to provide the Chief Health Officer with enforcement powers to eliminate or reduce a serious risk to public health.

## CMI/ODS Data Reporting

### CMI/ODS data, in conjunction with other information sources, is being used by the Department of Health and Human Services and the Mental Health Tribunal to monitor and evaluate the COVID-19 impact to clinical mental health services and mental health consumers.

### COVID-19 Diagnostic code data

As clinical Mental Health Services provide COVID-19 screening as part of physical health assessment and management to mental health consumers receiving treatment, the following CMI/ODS diagnosis data reporting directive relates to COVID-19 related presentations in community, subacute and residential clinical mental health settings.  
COVID-19 acute inpatient coding to continue on separation only, in line with VAED requirements.

This diagnostic reporting is in line with the World Health Organisation issuing emergency use ICD10 codes for COVID-19 disease outbreak.

**COVID-19 Mental Health consumer presentation where:**

1. **COVID-19 Screening only stage:**
   1. **COVID-19 screening indicates testing required without self-quarantine** 
      * + Secondary comorbidity code: Z11.5 & Z20.8
   2. **COVID-19 screening indicates testing required with self/ quarantine**
      * + Secondary comorbidity code: Z11.5; Z20.8 & Z29.0
2. **COVID-19 Determination stage, with Laboratory:**
   1. **Lab - Negative SARS-CoV-2 test, COVID-19 ruled out** 
      * + Secondary comorbidity code**:** U06.0
   2. **Lab Positive COVID-19, with COVID-19 Symptoms**
      * + Secondary comorbidity codes: B97.2 & U07.1
   3. **Lab Positive COVID-19, without COVID-19 Symptoms**
      * + Secondary comorbidity codes: B34.2 & U07.1
3. **COVID-19 Determination stage, Clinician determination without Laboratory:**
   1. **Clinically probable COVID-19, with COVID-19 Symptoms**
      * + Secondary comorbidity codes: B97.2 & U07.2
   2. **Clinically probable COVID-19, without COVID-19 Symptoms**
      * + Secondary comorbidity codes: B34.2 & U07.2

### CMI/ODS COVID-19 Diagnosis code data entry requirements:

* Coding rule is effective from 1 January 2020
* CMI/ODS Diagnosis collection event to be selected is: “Assessment”
* CMI/ODS **Diagnosis event** **date**: Date of the COVID-19 screening” or “COVID-19 Determination”.
* The primary diagnosis remains the usual mental health diagnosis or symptom ICD10-AM occasioning the clinical mental health service provision.

To support continuity of care and inform state-wide planning, the above information should be entered within CMI/ODS on the day it is made available, so data is available to clinicians in crisis teams, emergency and intake functions, as well as to support system status monitoring.   
Where required, CMI Coordinators are requested to provide guidance to mental health clinicians on how to understand and access the above information using Client Enquiry functions.

Note - The use of CMI/ODS client alerts for a person with COVID-19 is not recommended. This also applies to other infectious diseases.

### Mental Health Tribunal

The Mental Health Tribunal is expanding its operations to manage and conduct hearings remotely. This includes notifying consumers via email and exploring options to video conference to mental health services and potentially consumers in their homes, whilst public health measures of social distancing and isolation are in place.

To enable this to occur efficiently, where a consumer email address exists, services are directed to accurately collect the email and record it using the following method within CMI/ODS prior to recording the MHT hearing request in CMI/ODS:

After adding usual compulsory notification persons, record another as:

1. Person Type ”Carer”
2. Surname field: Full consumer name, eg “John Citizen”
3. Given name field: “Patient self”
4. Record email address of consumer in email field.

Please note:

* Recording compulsory orders in CMI/ODS is essential for departmental data collection and MHT operations. Regardless of whether the Tribunal has met its obligation to list and conduct a hearing, services should continue to record compulsory order data as timely as usual, particularly when a new Assessment Order or Temporary Treatment Order is made.
* “Preferred MHT Hearing venue” is to continue to be reported as the service attending MHT hearing.

### Telehealth - Mental Health Service Delivery

As public health physical distancing measures are in place, community mental health services will increasingly provide service coordination and consumer engagement through emerging telehealth / video conference infrastructure for electronic face to face mental health consultations, where clinically appropriate.

Reportable contacts delivered through this medium are to be recorded as  
 “3 – Video conference/teleconference”

For instant messaging services, contact medium are to be recorded as  
“5 – Other Synchronous”

Where contacts are provided through letter or email only, contact medium are to be recorded as

“6 – Other Asynchronous”

**Reminder**: Duration for contacts, is the duration the service recipient is engaged.

For further Contact reporting definitions and guidelines, refer to <https://www2.health.vic.gov.au/mental-health/research-and-reporting/reporting-requirements-for-clinical-mental-health-services/service-contacts>

### Bed based services – COVID-19 Relocations and bed number changes

* As beds are closed or services are relocated as part of COVID-19 measures, services are directed to update the CMI/ODS Bed maintenance function for the relevant subcentre.
* Within the Bed maintenance function, all changes to bed numbers should be updated in the “operational” number of beds. No change is required to approved or funded.
* The date of the change should reflect the bed numbers as at midnight.
* The reason for change should be selected as “Public Health Emergency”.
* Where a bed-based service is relocated to a new address, follow the above steps, including recording an entry of “Public Health Emergency” in the bed maintenance function, but in addition:
  1. Update the bed-based service subcentre address if you have a single campus CMI/ODS setup or
  2. Close the previous subcentre and recreate the subcentre to the relocated campus and create the bed maintenance entry for the new subcentre as required, ensuring funded and approved bed numbers remain the same.

Reminder -   
Services are required to notify COVID-19 mental health bed relocations and closures:

* Call Office of the Chief Psychiatrist 9096 7571 and
* email Chief Mental Health Nurse [Anna.Love@dhhs.vic.gov.au](mailto:Anna.Love@dhhs.vic.gov.au)
* New Bed based services that were planned but are now on hold due to COVID-19 should also be reported to Chief Mental Health Nurse via email.
* Changes to mental health acute beds, excluding SECU, are also to be reflected in the COVID-19 Daily Capacity and Occupancy Register available at [www.healthcollect.vic.gov.au](http://www.healthcollect.vic.gov.au)

## Further information

* Current Information, updates and advice about the outbreak of the coronavirus disease  
   (COVID-19) is available here: <https://www.dhhs.vic.gov.au/coronavirus>
* For further [CMI/ODS data reporting information](https://www2.health.vic.gov.au/mental-health/research-and-reporting/reporting-requirements-for-clinical%20mental-health-services), please email: [MHDReporting@dhhs.vic.gov.au](mailto:MHDReporting@dhhs.vic.gov.au)
* For further COVID-19 Daily Capacity and Occupancy Register information please email: [HDSS.Helpdesk@dhhs.vic.gov.au](mailto:HDSS.Helpdesk@dhhs.vic.gov.au).