



Midland district health boards' shared services agency



MENTAL HEALTH & ADDICTION REGIONAL NETWORK

Service Development • Workforce Development • Partnerships & Relationships

# Midland Region Programme for the Integration of Mental Health Data (PRIMHD) Implementation Evaluation

September 2011



*Programme for the Integration of Mental Health Data*

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# 1. Introduction

This report evaluates the implementation of the Programme for the Integration of Mental Health Data (PRIMHD) strategy in the Midland region between July 2009 and 30 June 2011.

The Ministry of Health released the National Mental Health Information Strategy Implementation Plan in 2006 aiming to address the information gaps in the mental health and addiction sector. From this eventuated the Programme for Integration of Mental Health Data (PRIMHD) at the end of 2008.

The vision for PRIMHD was to assist the improvement of health outcomes for all mental health consumers in New Zealand by the provision of a single rich data source of national mental health and addiction information that can be used for multiple purposes.

The PRIMHD Project was formed to ensure District Health Boards (DHBs), and Non-Government Organisations (NGOs) were reporting and utilising the same data. The project was broken down into five stages with the first two focusing PRIMHD reporting compliance in DHBs and the larger NGOs.

The Midland Regional Mental Health and Addiction Network accepted a contract from the Ministry of Health in 2009 to implement PRIMHD to stage three to five NGOs within the Midland region. The objective being that all Midland region NGOs within the scope of PRIMHD, would be required to report. The Midland region commenced the PRIMHD project at the end of July 2009 which was completed on 31<sup>st</sup> of June 2011.

## 2. Executive Summary

This report describes the PRIMHD Project undertaken by the Midland Regional Mental Health and Addiction Network and evaluates the implementation of the PRIMHD rollout with the Midland Stage 3-5 NGOs. Three separate electronic surveys were conducted, one each for NGOs, DHB, Planning & Funding Portfolio Managers and other key stakeholders across Midland. Participants were sent an email asking staff to complete an online questionnaire via Survey Monkey web based system. A review of survey data responses was completed and these were used as the basis for the report.

Data was collected from the three identified groups within the five Midland DHB areas; Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato.

Overall the findings suggest that there were both positive and negative perceptions of Midland PRIMHD implementation project.

### **Positives identified were:**

- PRIMHD Online has been widely taken up by NGO providers in Midland
- There has been excellent support from the Midland PRIMHD staff
- Training has been perceived as being of a high quality
- PRIMHD Online slowness has now been improved with the upgrade

### **Key issues raised were:**

- PRIMHD Online - slowness, timing out or crashing
- Virtual Private Networks (VPNS) have been problematic for some providers
- Accuracy of NHI numbers and date of birth information supplied to providers is poor
- Cost and stress of compliance
- Time taken away from clients for data collection and submission
- Planning and Funding Portfolio Managers felt under-supported by the Ministry of Health
- Significant concerns about ongoing support at the end of the project

### **Lessons learnt are:**

- Updates provided by telephone should be followed up with an email confirmation
- Plain language rules for codes used would be helpful at beginning of the project to ensure consistency and accuracy of data collection

### **It is recommended that:**

1. Lessons learnt from this process are taken forward and utilised in future Midland projects
2. The Ministry of Health be made aware of the positives identified and the key issues raised
3. The new .5 FTE for Midland PRIMHD role which was approved by the Midland General Managers (GMs) Planning and Funding and Maori Health continues to provide the on-going support as identified in the survey results.

## 3. Background

The Midland region is made up of five DHBs, Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato. The region covers 56,738km sq, and comprises 21% of the New Zealand land mass.

Within the Midland region, and in addition to provider arm mental health and addiction services, there are over 100 NGOs that are contracted to provide a range of mental health and addiction services. Comparative to other regions, Midland has the highest number of NGOs and Kaupapa Maori NGO providers.

### 3.1 Overview of National Information Strategy

In 2005 the National Mental Health Information Strategy<sup>1</sup> was released and in 2006 the national Mental Health Information Strategy Implementation Plan. The key objective identified from these documents is to ensure information gathered across the sector, is carried out in the most effective way to improve health outcomes for mental health consumers and to increase accountability for expenditure on mental health services<sup>2</sup>. In order to accomplish this objectively a way needed to be identified to ensure that all District Health Boards, Non-Government Organisations and eventually Primary Organisations (PHOs) were reporting collectively, utilising the same method of reporting to the Health and Information System (HIS) a department of the Ministry of Health (MoH). On the 31<sup>st</sup> of October 2008 Mental Health Information National Collection (MHINC) reporting method was retired and the MHINC was integrated with Mental Health Standard Measures of Assessment and Recovery Initiative (MH-Smart<sup>3</sup>) to form PRIMHD, a Programme for the Integration of Mental Health Data.

### 3.2 Overview of PRIMHD Project

The PRIMHD<sup>4</sup> Project was developed to ensure that all DHBs and NGOs were reporting and utilising the same data. The integration of, and access to, a national consistent information platform would ultimately inform service planning, quality improvement and monitoring of service delivery to consumers.

The project was broken down into five stages with the first two stages focused on DHBs and the larger NGOs compliance to PRIMHD reporting. At the start of the project the status of PRIMHD reporting was:

- 17 DHBs fully PRIMHD compliant, 2 provisionally PRIMHD compliant and 2 undergoing compliance
- 18 Stage 1 NGOs fully PRIMHD compliant (paper based reporting)
- 4 Stage 2 NGOs fully PRIMHD compliant, 3 Stage 2 NGOs provisionally PRIMHD compliant and 18 remaining Stage 2 NGOs yet to be PRIMHD compliant

From May 2009 over half of the DHBs were reporting consistently and it was envisioned that nearly all of the DHBs will be reporting by the end of that year.

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<sup>1</sup> 2005, MoH: Mental Health Information Strategy

<sup>2</sup> 2006, MoH: Mental Health Information Strategy Implementation Plan

<sup>3</sup> A collection of outcome data

<sup>4</sup> PRIMHD – Programme for the Integration of Mental Health Data

### 3.2.1 Ministry of Health Defined PRIMHD Support Structure

#### Executive Steering Group (ESG)

A group comprised of Ministry of Health (MoH) members, shared service agencies and senior team managers with Arama Pirika and Tess Ahern as the Midland representatives. The ESG was chaired by the Director of Population Health reporting at that time to Dr Janice Wilson, Deputy Director-General, Population Health Directorate.

#### National Roll Out Team (NRT)

The national roll out team members were:

Project Leader for the Ministry of Health:	Sharan Foga
Team advisor:	Monica Martin
NGO contact:	Jenny Hurunui-Angus

This team's mandate was to provide training and technical administration support to the PRIMHD Coordinators. In addition to nationally collating the updated information of PRIMHD implementation status of NGOs in Stages 1 to 5 which in turn is reported to the Operational and Executive Steering Groups.

The aim of the National Roll out Team (NRT) was to have:

- all DHBs fully compliant by the end of October 2009
- all Stage 1 NGOs electronically reporting data by the end of September 2009 and
- most of the Stage 2 NGOs electronically reporting data by December 2009
- most of Stage 3 – 5 electronically reporting data by December 2011

#### Platform Trust

Platform Trust was accountable to the MoH PRIMHD Executive Steering Group and responsible for convening, supporting and implementing actions from the NGO PRIMHD User Group. The NGO PRIMHD User Group comprised of representatives from NGO regional governance groups and regional coordinators.

The PRIMHD NGO User Group exists to support a collaborative and coherent implementation of PRIMHD as it is extended to include contracted NGO mental health and addiction providers and to present a user perspective on the implementation of future benchmarking and utilisation of the data.

The linkage to the other groups:

- Support the activity of the Ministry of Health PRIMHD NRT and regional coordination
- Provide support to the NGO PRIMHD project<sup>5</sup>

## PRIMHD Stakeholders

The following table lists the stakeholders for PRIMHD (as defined by the Ministry of Health) and describes the stake (or interest) that they have in the project.

Stakeholder	The stake they have in the project
Memo Musa, Acting Manager, Mental Health Programmes, Ministry of Health	Business Owner, Project Executive and Chair of Project Board. The responsibilities of this role are to: <ul style="list-style-type: none"> <li>▪ Champion the Project</li> <li>▪ Chair the Project Board</li> <li>▪ Make decisions on behalf of the project as decisions are brought to them by the Project Manager</li> <li>▪ Facilitate resolution of risks and issues at senior levels</li> <li>▪ Deliver the project within approved scope, timescales, budget and quality parameters.</li> </ul>
PRIMHD Project Board	<ul style="list-style-type: none"> <li>▪ Provides governance for the project</li> </ul>
Advisory Group	<ul style="list-style-type: none"> <li>▪ Provides independent advice to the project board</li> </ul>
Compliant District Health Boards and Non Government Organisations (NGOs)	<ul style="list-style-type: none"> <li>▪ Submit data to PRIMHD</li> <li>▪ User of PRIMHD information</li> </ul>
Non Compliant District Health Boards and NGOs	<ul style="list-style-type: none"> <li>▪ Not yet submitting data to PRIMHD</li> <li>▪ Mandated to submit information</li> </ul>
NGO User Group	<ul style="list-style-type: none"> <li>▪ Provides feedback from NGO sector</li> <li>▪ Approves NGO Reports</li> </ul>
PRIMHD NGO Regional Co-ordinators	<ul style="list-style-type: none"> <li>▪ Responsible for co-ordinating the NGO rollout within their regions</li> <li>▪ Provide feedback on progress</li> </ul>
Platform Trust	<ul style="list-style-type: none"> <li>▪ Provide support to NGO sector for the rollout of PRIMHD</li> </ul>
Funder and Planner Reference Group	<ul style="list-style-type: none"> <li>▪ Provides expert advice to define PRIMHD Funder &amp; Planner and NGO Contract Reports</li> </ul>
NGO Reference Group (reports)	<ul style="list-style-type: none"> <li>▪ Provides expert advice to define PRIMHD NGO Reports</li> </ul>

### 3.2.2 Definition of Scope for NGO Provider Inclusion in PRIMHD

Scope definition<sup>6</sup>:

The scope of PRIMHD included all contracted mental health and addiction NGO providers that provide direct support and treatment services to consumers, and that report data using the service user's unique National Health Index (NHI) number. The exceptions are as follows:

- Aged care residential providers with three or less mental health and addiction residents
- Consumer and family whanau organisations that are not contracted to provide data using the health care user's unique NHI number

**NB:** Any NGO that is not currently contracted to provide PRIMHD data using the unique NHI may still elect to voluntarily 'opt in' as long as their PRIMHD reporting complies with the data standards established by the Health Information Standards Organisation (HISO).

Additional notes relating to scope definition:

The scope definition detailed above does not revoke the accountability of the DHB funder and planner for making the final decision whether a NGO service is excluded from reporting to PRIMHD. Reporting to PRIMHD does not replace the contractual obligations of all providers to report information to Sector Services (formerly known as HealthPAC), Ministry of Health. Please note that the NGO services that are considered out-of-scope mostly include some consumer and family whanau programmes where it is not practical or desirable, to report service activity on the basis of the consumer NHI.

### 3.2.3 PRIMHD Options:

- **PRIMHD Online**

PRIMHD Online is a web-based data reporting system hosted on a secure network and maintained by the Ministry of Health specifically for PRIMHD. It is generally not suitable for large organisations.

- **XML File Transfer**

NGOs can create batched XML (encoded electronic files) sourced from their in-house Client Management System (CMS) and electronically send their data to the Ministry of Health using secure File Transfer Protocols (FTP). This is the same process used by DHBs to report their data to PRIMHD.

There are three sub-options for reporting PRIMHD using XML files:

- i. Electronic reporting via a vendor
- ii. Direct electronic reporting to the Ministry of Health, or
- iii. Electronic reporting via DHB

- **Third Party Agency Services**

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<sup>6</sup> Scope definition approved by the PRIMHD Project Board on 14 April 2010

NGOs can send their data electronically through a DHB, host agency, vendor or data management bureau service that uses the same secure file transfer protocols as the XML File Transfer option above.

### 3.2.4 Information Reported for PRIMHD

PRIMHD captures data, which describes who receives what services and from whom. (this was previously captured by MHINC).

The data collected includes:

- NHI number with consumer demographic information (e.g. gender, ethnicity and date of birth)
- Details of referrals into and from and NGO, into and between NGO teams, and all discharges from services
- All types of service activity (including visits, appointments, bed nights and leave data)
- Type of service provider teams
- Diagnosis (DHB only)
- Client legal status (DHB only)
- Health of the Nation Outcome Scales (HoNOS) Information (DHB only)

**Note:** PRIMHD data can be used in conjunction with the MHINC legacy data provided by DHB's and 29 NGOs from 2000-2008).

PRIMHD does not capture the following data:

- NGO diagnosis, classifications or legal status
- NGO outcome data
- Information on primary mental health services provided by general practitioners (i.e. GPs) or Primary Health Organisations (PHOs)

## 3.3 Overview of the Midland PRIMHD Project

In 2009 the Midland Regional Mental Health and Addiction Network accepted a contract from the Ministry of Health to implement PRIMHD to Stage three to five NGOs (total of 96) within the Midland region. The Ministry of Health contract stated that all NGOs within the Midland region within scope of PRIMHD were required to report PRIMHD by December 2010. The Ministry of Health decided that PHOs would not be included with this phase of PRIMHD roll out. The Midland region commenced the PRIMHD project at the end of July 2009 with the opportunity to extend the project until June 2011.

Initially one Midland PRIMHD Coordinator was employed to work in partnership with the NGO Stage 3, 4 & 5 providers to ensure the successful completion of the project. The Midland region had the largest number of contracted NGOs nationally.

To facilitate information sharing and networking, the Midland region undertook presentations to each of the Midland regional forums.

A Midland PRIMHD Governance Group was formed with the primary purpose of providing leadership and direction for the implementation of PRIMHD within the Midland region

Membership comprised of

- Midland Regional PRIMHD Coordinator
- Planning and Funding Portfolio Manager representatives
- NGO provider Stage 1 & 2 representatives
- NGO provider Stage 3, 4 & 5 representatives
- Te Pou
- DHB PRIMHD Site Coordinators
- Consumer representative
- Midland Regional Director
- Other key stakeholders as determined by the PRIMHD Governance Group

A PRIMHD Implementation Plan was developed by engaging with the key stakeholders from each of the districts within the Midland region: Bay of Plenty, Lakes, Tairāwhiti, Taranaki and Waikato (refer Appendix 1).

The roll out of PRIMHD in Midland was initiated in the Taranaki district which had the fewest providers needing to become PRIMHD compliant. It was felt that key learning's from this district would be valuable to implementing in the other districts.

In June 2010 a second staff member joined the Midland PRIMHD Project team. The NGOs were split geographically with the Waikato and Taranaki providers assisted by the existing Midland PRIMHD Coordinator, and Bay of Plenty, Tairāwhiti, and Lakes by the new Midland PRIMHD Technical Support Coordinator.

By the end of December 2010 a large portion of the providers within the Midland region were submitting PRIMHD data leaving approximately 18 providers planning to go live at the end of January. The delay was due two main reasons:

1. Whānau Ora Request for Proposals (RFP)
  - a. Many Māori Providers were working with other providers to submit a collective response to the RFP.
2. Cluster of Providers
  - a. Greater time commitment was needed to ensure that all the processes and IT requirements were in place for providers within cluster arrangements to submit PRIMHD data via one provider/venue .

In December 2010 the Ministry of Health offered to extend the current PRIMHD project contract to ensure that all remaining stage 3-5 providers were submitting PRIMHD data by June 2011. At this time NGOs who opted to submit data via a Patient Management System/Vendor and previously sat with the MoH, were added to brief of the contract.

During the implementation several NGOs were either exited from contracts or were deemed out of scope, leaving a total 72 NGO providers in Midland who were required to submit PRIMHD data through either PRIMHD Online or via a Patient Management System/Vendor.

At the completion of the project on the 30<sup>th</sup> June 2011 the status of PRIMHD reporting was:

#### Bay of Plenty

PRIMHD Online	Number of NGOs in this Category	Live	Total Of NGOs to Go Live
PRIMHD Online	19	14	5
Patient Management System/Vendor	14	2	12
<b>Total of NGOs</b>	<b>33</b>	<b>16</b>	<b>17</b>

### Lakes

PRIMHD Online	Number of NGOs in this Category	Live	Total Of NGOs to Go Live
PRIMHD Online	11	11	0
Patient Management System/Vendor	1	0	1
<b>Total of NGOs</b>	<b>12</b>	<b>11</b>	<b>1</b>

### Tairāwhiti

PRIMHD Online	Number of NGOs in this Category	Live	Total Of NGOs to Go Live
PRIMHD Online	3	3	0
<b>Total of NGOs</b>	<b>3</b>	<b>3</b>	<b>0</b>

### Taranaki

PRIMHD Online	Number of NGOs in this Category	Live	Total Of NGOs to Go Live
PRIMHD Online	1	1	0
Patient Management System/Vendor	1	1	0
<b>Total of NGOs</b>	<b>2</b>	<b>2</b>	<b>0</b>

### Waikato

PRIMHD Online	Number of NGOs in this Category	Live	Total Of NGOs to Go Live
PRIMHD Online	12	12	0
Patient Management System/Vendor	10	5	5
<b>Total of in Scope NGOs</b>	<b>22</b>	<b>17</b>	<b>5</b>

Of all the NGOs who indicated they would choose a vendor to submit data, only two are yet to implement a system. Both of these are Waikato providers that are waiting to install an advance form which should enable them to submit PRIMHD data via their current client management system, MedTech. All other NGOs have provisional compliance and are waiting to complete the process to become PRIMHD compliant. The last 5 NGOs yet to utilise PRIMHD Online to submit are all contracted in the BOP district.

The Ministry of Health have extended the PRIMHD compliance date to December 2011 due to the number of providers nationally that have not received compliance. Several issues and risks were also identified by the Midland PRIMHD team at the end of the project:

- ▶ MedTech will not complete the script and reach compliance testing before the end of December 2011.
- ▶ Connection to the Health Network will be delayed because a contractor fails to install or configure the VPNs necessary for the NGO to go live.
- ▶ DHBs contracting NGOs to the new Purchase Unit Codes by 2012 will require re-mapping to the new contract specifications
- ▶ Support will be needed for mapping the NGOs successful for the Kaupapa Maori RFP in the Taranaki region

- ▶ DHBs and NGOs wanting to access reports via InfoView and Business Objects may experience problems and might incur additional costs
- ▶ A large Waikato Stage 2 NGO is not reporting and this is impacting on the percentage completion for the Midland region

To mitigate these problems Midland GMs Planning and Funding and Maori Health supported the employment of a .5 FTE for Midland PRIMHD role who will:

1. Ensure the identified risks and issues will be mitigated or resolved for Stage Three to Five NGOs
2. Liaise with the MoH to resolve issues with access to reports via Business Objects and InfoView
3. Work with VPN contractors to ensure that NGOs using their services will go live before December 2011
4. Provide ongoing support to the Midland Planning and Funding Portfolio Managers to ensure that provider compliance and data quality is monitored and NGOs are supported .

## 4. Midland PRIMHD Implementation Evaluation

The evaluation of the Midland PRIMHD Project implementation utilised online questionnaires through Survey Monkey web-based system. Three separate surveys were undertaken concurrently designed specifically for the identified groups of NGOs, DHB Planning and Funding Portfolio Managers, and other stakeholders. Emails were sent to individual members of the groups inviting participation from staff members within their teams or organisations. The email included a direct hyperlink to the appropriate survey.

Each survey contained an introduction explaining that the purpose was to collect information to enable evaluation of the roll out of PRIMHD to mental health and addiction NGO's in the Midland District Health Boards region. It also emphasised that to ensure a wide range of views it was important that as many staff as possible who were involved with PRIMHD complete the survey. Managers and administrators of NGOs were included in the original email distribution. To further assist with this process we asked that the survey be printed off and distributed for those staff who were unable to complete the survey online. A postal address with a cut off date was provided for this purpose.

### 4.1 NGO Survey

This survey consisted of 33 questions within seven parameters (refer Appendix 2):

- Respondent Characteristics (4 questions)
- Technical aspects (3 questions)
- Accessing Information (8 questions)
- Entering PRIMHD data (4 questions)
- Midland PRIMHD Support (11 questions)
- Overall (2 questions)
- Thank you (1 question)

A total of 74 individuals accessed the survey. Key themes and summaries of data are provided below.

#### 4.1.1 Respondent Characteristics

- The highest number of participants were from Bay of Plenty, Lakes, Waikato, Tairāwhiti and Taranaki respectively. This is reflective of provider numbers for those regions
- Managers, Administrators or Personal Assistants (PAs) made up the majority of respondents, with Alcohol and Other Drug (AOD) practitioners the next largest grouping
- 50% of participants identified as coming from Kaupapa Maori organisations
- 37.8% described themselves as working for a provider of both mental health and addiction services. Whilst 12.2% stated they were mental health only.
- Just under a quarter of respondents identified as whānau/family providers
- 22 respondents worked for organisations that employed less than five staff to work in mental health and addictions.
- 25 respondents worked for organisations that employed up to 15 staff
- 11 respondents worked for organisations that had 15-30 staff members
- 16 respondents worked for organisations that employed more than thirty staff

#### 4.1.2 Technical aspects

- The majority of respondents were submitting data through PRIMHD Online
- 24 of 56 did not know which Virtual Private Network (VPN) provider they were using
- 8 of 14 respondents reported that they found PRIMHD Online as being too slow and problematic

### 4.1.3 Accessing Information

- Whilst providers access NHI numbers from a variety of sources, nearly half of those answering this question had problems with incorrect NHI or Date of Birth being provided
- Approximately one third of respondents were involved with the Mapping Documents for their organisation with the majority feeling that they were well supported in the process
- More than half of the participants who identified as using a vendor reported that they were given adequate support by the vendor
- Most of those responding advised that their digital certificates had arrived within one and two weeks from registration

### 4.1.4 Entering PRIMHD Data

- Two thirds of those answering (27 out of 43) reported that they personally entered PRIMHD data electronically
- 11 identified that they spend between one to three hours per day entering data
- The highest rated problems with entering data were slowness of the system; allocating time to enter data; issues with the system 'timing out' or crashing; and constant interruptions.
- Financial costs were identified as the next biggest issue

### 4.1.5 Midland PRIMHD Support

- The majority of respondents had most contact with the Midland PRIMHD Technical Support Coordinator
- All but one participant felt the Midland PRIMHD staff communicated information well and in a timely way
- 20 out of 21 respondents said staff were helpful and responded quickly
- All those answering the question felt the Midland PRIMHD staff member was able to connect with them
- 95% of respondents had received training from the Midland PRIMHD team
- 20 out of 23 participants have received the PRIMHD Overview training; 18 out of 23 attended PRIMHD Online Training and 15 attended code training
- Of these, the majority found the training experience very good to excellent
- A variety of services and information was provided to respondents by the Midland PRIMHD staff
- More than half of those that answered, identified that they would need ongoing follow up
- Other ongoing support identified was help with updating Mapping Documents; training for new staff; monitoring accuracy and quality of data; data analysis; and help with using their data
- The majority of participants rated the Midland PRIMHD staff as very helpful or helpful in all the domains of ongoing support; systems; liaising; data entry; training; providing updates, and ongoing support

### 4.1.6 Overall

- 14 people provided comments about what had been most helpful to them. The most common themes were support and training
- 18 respondents provided comments on the biggest issues had been for them. The main one being problems with the PRIMHD Online system
- Costs and time taken away from clients to comply with PRIMHD were also a common theme

## 4.2 Planning and Funding Portfolio Manager Survey

This survey consisted of 14 questions within four parameters (refer Appendix 3) :

- Respondent Characteristics (1 question)

- Midland PRIMHD Support (9 questions)
- Overall (3 questions)
- Thank you (1 question)

A total of 4 individuals accessed the survey. Key themes and summaries of data are provided below.

#### **4.2.1 Respondent Characteristics**

- The Planning and Funding Portfolio Managers from Lakes, Taranaki and Tairāwhiti responded
- One of the Planning and Funding Portfolio Managers from Bay of Plenty responded
- Both Planning and Funding Portfolio Managers from Waikato were on leave during the survey process and were unable to participate

#### **4.2.2 Midland PRIMHD Support**

- Half those responding reported that they had most contact with both Midland PRIMHD staff
- Half had the most contact with the Midland PRIMHD Technical Support Coordinator only
- All felt that information was communicated well and in a timely way
- All found Midland PRIMHD staff responsive
- 3 of 4 rated the Midland staff very easy to connect with and very effective in keeping them informed with implementation in their district
- Three respondents had received accurate Mapping Documents for their NGOs and one was yet to receive any
- All had improved their knowledge to some extent of PRIMHD during the project
- There was support for the continuation of a local point of contact through a Midland role

#### **4.2.3 Overall**

- Three quarters of the group were not satisfied with the level of support they received directly from the Ministry of Health
- The most helpful things were having a regional approach; a Midland person; an easy relationship; and efficient prompt responses
- The biggest issues were costs and stress to providers, and the lack of connection of PRIMHD to Purchase Unit Codes (PUCs).

### **4.3 Other Stakeholders Survey**

This survey consisted of 11 questions within four parameters (refer Appendix 4) :

- Respondent Characteristics (1 question)
- Midland PRIMHD Support (6 questions)
- Overall (3 questions)
- Thank you (1 question)

A total of 5 individuals accessed the survey. Key themes and summaries of data are provided below.

#### **4.3.1 Respondent Characteristics**

- 4 respondents were from the Ministry of Health and one from Platform Trust

### **4.3.2 Midland PRIMHD Support**

- All those participating had contact with both Midland PRIMHD staff members
- All agreed that they communicated information well and in a timely way
- All said that both coordinators were responsive and were easy to connect with
- All rated them effective to very effective

### **4.3.3 Overall**

- The most helpful things were discussions and regular updates, willingness to share ideas and resources, and understanding of issues from a provider perspective
- The biggest issue was the size of the region and number of providers

## **4.4 Limitations**

The report findings are limited due the lack of precision around participant response for each organisation and the inconsistent completion rate of all questions within the surveys. Email invitations were sent to NGO managers, administrators and key contacts. Some providers were unable to complete surveys online due to security protections on their computers. Problems occurred for some providers whose Internet Explorer were of an older version. Information was collated from all recipients regardless of whether they completed the entire survey. Although hard copy surveys were offered, no surveys were returned using this option.

Notwithstanding the aim of the surveys was to look at the range of perceptions of those using the PRIMHD system and this has been achieved.

## 5. Key Survey Findings

### 5.1 Positives identified

- PRIMHD Online has been widely taken up by NGO providers in Midland
- There has been excellent support from the Midland PRIMHD staff
- Training has been perceived as being of a high quality
- PRIMHD Online slowness has now been improved with the upgrade

### 5.2 Key Issues Raised

- PRIMHD Online - slowness, timing out or crashing
- Virtual Private Networks (VPNS) have been problematic for some providers
- Accuracy of NHI numbers and date of birth information supplied to providers is poor
- Cost and stress of compliance
- Time taken away from clients for data collection and submission
- Planning and Funding Portfolio Managers felt under-supported by the Ministry of Health
- Concern about ongoing support at the end of the project

### 5.3. Lessons Learnt

- Updates provided by telephone should be followed up with an email confirmation
- Plain language rules for code use would be helpful at beginning of the project to ensure constituency and accuracy of data collection

## 6. Recommendations and Suggestions

It is recommended that:

- i. lessons learnt from this process are taken forward and utilised in future PRIMHD endeavours and Midland projects
- ii. The Ministry of Health be made aware of the positives identified and the key issues raised
- iii. The employment of a .5 FTE for Midland PRIMHD role is supported to provide the follow and on-going support identified in the evaluation

## Appendix 1 : PRIMHD Stage 3-5 Communication Strategy and Implementation Action Plan 2009

### Communication Strategy

Group	Audience	Outcome	Key Messages	Methods	When	Lead and Support
Midland District Health Boards	Portfolio Managers in the 5 regions	<ol style="list-style-type: none"> <li>1. To work on an agreed priority list of providers of mental health and addictions services for roll out</li> <li>2. Up to date on progress of the Project</li> <li>3. To ensure continued communication and interaction throughout consultation</li> </ol>	<ul style="list-style-type: none"> <li>Committed to ensuring that the provider's prioritisations are compliant with PRIMHD reporting first</li> <li>Ensuring that the providers are reporting PRIMHD</li> <li>Key findings from the deliverables</li> <li>Profile all providers in region as prioritised by the Portfolio Managers group</li> <li>PRIMHD will benefit the organisation and they are required to become PRIMHD compliant if they hold a mental health or addictions contract</li> </ul>	<ul style="list-style-type: none"> <li>Working alongside the Portfolio Managers group and the PRIMHD Governance Group in the Midlands to agree on the order of work streams into achievable clusters</li> <li>Midlands Network website</li> <li>Interaction by email, phone or face to face as required</li> <li>Utilising an assessment tool</li> <li>Working alongside each of the providers to write up an individual implementation plan that is unique to their organisation</li> </ul>	<ul style="list-style-type: none"> <li>By September 09</li> <li>Ongoing monthly basis</li> <li>Website updates</li> </ul>	<ul style="list-style-type: none"> <li>Coordinator to write up draft implementation plan and attach mapping document detailing providers in Midland region for discussion</li> <li>Midland Website is continuously updated on the progress of this project</li> <li>Vivienne Martin with support from the PRIMHD Regional Governance Group</li> </ul>
Non-Government and Primary Health Organisations Mental Health and Providers	Managers, Clinicians, Support workers/Kai mahi and administrators of the organisations	<ol style="list-style-type: none"> <li>1. Organisations are reporting consistently and accurately to the National Health Information System</li> <li>2. To ensure continued communication and interaction throughout consultation</li> <li>3. Set up reference groups comprised of stakeholders utilising PRIMHD in each of the 5 DHB regions</li> <li>4. Reporting consistent and accurate</li> </ol>	<ul style="list-style-type: none"> <li>Feedback on key findings of the reporting deliverables</li> <li>To ensure that the mode of reporting PRIMHD fits with the organisations capability</li> <li>To ensure that communication about PRIMHD is assimilated within the region. In addition to support each other through the process</li> <li>Develop robust data extract reporting mechanisms with each of the organisations that are linked to HISO standards in partnership with National Roll Out Team</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that feedback is delivered in a timely manner</li> <li>Ensuring they have face to face training as required</li> <li>Working with Portfolio Managers to identify providers to be part of the local reference group</li> <li>Organisations have the appropriate policies and procedures in place to ensure quality assurance practices</li> </ul>	<ul style="list-style-type: none"> <li>By December 09 for the first of the regions to be rolled out</li> <li>Ongoing by email, phone or face to face</li> <li>Initial face to face training after systems are in place and by phone or email</li> <li>Within each phase of the roll out of regions</li> </ul>	<ul style="list-style-type: none"> <li>Compose a draft assessment indicating resources and capabilities of each organisation</li> <li>Vivienne Martin to implement with support from the PRIMHD Regional Governance Group</li> <li>Vivienne Martin to implement with support from the PRIMHD Regional Governance Group</li> </ul>

Group	Audience	Outcome	Key Messages	Methods	When	Lead and Support
MoH, National Roll Out Team, Portfolio Managers Group and Regional Governance Group		<ol style="list-style-type: none"> <li>To ensure alignment with any national strategies and developments on the future direction of PRIMHD</li> <li>To provide draft communication plan for discussion</li> </ol>	<ul style="list-style-type: none"> <li>Progress against the project</li> <li>Key finding from the mapping document</li> <li>Incorporate the views of Midlands regions Portfolio Managers</li> </ul>	<ul style="list-style-type: none"> <li>Website updates – Quarterly report of progress</li> <li>Draft Communication Plan</li> </ul>	<ul style="list-style-type: none"> <li>Monthly</li> <li>By 31<sup>st</sup> August 2009</li> </ul>	Vivienne Martin to implement with support from the Regional Governance Group
	CE of the Lead	<ol style="list-style-type: none"> <li>To ensure a clear understanding of the developments, and key messages of the project</li> </ol>	<ul style="list-style-type: none"> <li>Progress against key deliverables</li> <li>To include key findings on the work undertaken</li> <li>Ability to be involved in consultation and interaction as necessary</li> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>Through monthly reporting</li> </ul>	<ul style="list-style-type: none"> <li>Beginning end of July 2009 and monthly thereafter</li> <li>Posted on website</li> </ul>	Vivienne Martin PRIMHD Coordinator
Lakes District Health Board	Midland DHB for Mental Health and Addictions Midland Regional Director, Mental Health and Addictions – Service Development	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>As above</li> </ul>	Vivienne Martin PRIMHD Coordinator

## Implementation Action Plan

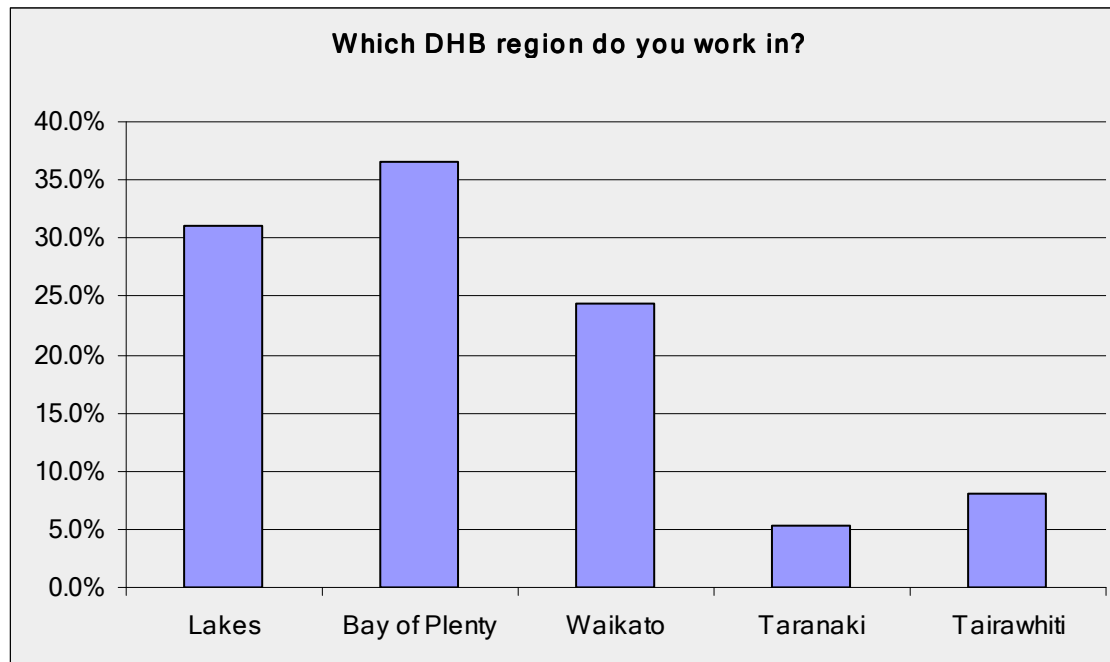
Objective	Action	Action details	Expected time frame for completion	Progress				
Build up knowledge of the sector	<ul style="list-style-type: none"> <li>▪ Identify the providers in their region and the order of roll out</li> <li>▪ Information on Providers and their contracts</li> <li>▪ Communicate about PRIMHD to the sector</li> </ul>	<ul style="list-style-type: none"> <li>▪ To meet face to face with all the Portfolio Managers within the regions to gather information on providers in their region and the order of priority for roll out ( level 3 to 5)</li> <li>▪ Gain regional access to the Health Information Network (HIN)</li> <li>▪ Email the prioritisation list to Portfolio Manager to include contract details and person to contact</li> <li>▪ Presentation on PRIMHD delivered allowing time for discussion</li> <li>▪ Meet with Portfolio Managers prior to working with the providers in that region</li> <li>▪ Follow up providers in the region</li> <li>▪ Road shows to providers in the region</li> <li>▪ Set up reference groups in each of the regions</li> </ul>	<ul style="list-style-type: none"> <li>▪ By 7<sup>th</sup> August 2009</li> <li>▪ Partially completed</li> <li>▪ 13<sup>th</sup> August 2009</li> <li>▪ Ongoing</li> <li>▪ Once rollout commences in the region</li> <li>▪ Once rollout commences in the region</li> <li>▪ Prior to commencing rollout in the region</li> <li>▪ Prior to commencing rollout in the region</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>completed</b></li> </ul>				
					<ul style="list-style-type: none"> <li>▪ Documentation requirements</li> </ul>	<ul style="list-style-type: none"> <li>▪ Contact Tui Ora to find out the documentation changes that were made to be compliant with PRIMHD reporting</li> <li>▪ Write up a draft implementation plan</li> <li>▪ Attach completed Prioritisation plan to the draft Implementation plan</li> <li>▪ Write up an assessment tool to understand individual providers resources and capabilities</li> <li>▪ Devise a draft implementation template for individual providers</li> <li>▪ Write up an evaluation tool</li> </ul>	<ul style="list-style-type: none"> <li>▪ End of August 2009</li> <li>▪ 20<sup>th</sup> August 2009</li> <li>▪ 27<sup>th</sup> August 2009</li> <li>▪ 27<sup>th</sup> August 2009</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>completed</b></li> </ul>
					<ul style="list-style-type: none"> <li>▪ Gain knowledge about PRIMHD</li> </ul>	<ul style="list-style-type: none"> <li>▪ Liaise with Tui Ora, Richard Woodcock, Richard Jeffcoat, Tony Griffins, Monica Martin and Jenny Hurunui-Angus</li> <li>▪ Read documents pertaining to PRIMHD – Mental Health Information Strategy – NGOIT report and look up websites pertaining information PRIMHD – HIS – MoH – Te Pou</li> <li>▪ Familiarisation with the different ways of reporting PRIMHD – different types of data basis and MoH web portal</li> <li>▪ Familiarisation with the different codes for reporting PRIMHD and obtain a copy of the data dictionary</li> <li>▪ Familiarise with different types of VPN systems and their costs for transiting data on a secure net</li> <li>▪ Test MoH web portal</li> </ul>	<ul style="list-style-type: none"> <li>▪ End of August 2009</li> <li>▪ End of August</li> <li>▪ End of September</li> <li>▪ 13<sup>th</sup> August 2009</li> <li>▪ 18<sup>th</sup> August 2009</li> <li>▪ Depending on readiness of MoH</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>completed</b></li> </ul>

Objective	Action	Action details	Expected time frame for completion	Progress
Other Projects Establish communication links for up dates on progress of Project. As stated in Communication strategy outlined above	<ul style="list-style-type: none"> <li>▪ Linked to PRIMHD</li> <li>▪ Midland Regional Governance group</li> <li>▪ MoH</li> <li>▪ Local reference groups</li> <li>▪ Midland Regional Team</li> <li>▪ Midland Regional forums</li> <li>▪ Midland Regional Portfolio Managers</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understand the other frameworks that might impact on PRIMHD such as the KPI and the National Service Specification project</li> <li>▪ Monthly reports placed on the website. Face to face or teleconference meetings on a 3 monthly basis - depending on the need</li> <li>▪ Quarterly reports, emails and phone contact with Monica Martin and Jenny Hurunui-Angus – to be decided</li> <li>▪ Face to face contact or via teleconferencing on a monthly basis</li> <li>▪ Weekly face to face team meetings in Rotorua</li> <li>▪ Updates provided quarterly</li> <li>▪ Regular contact via face to face, emails and teleconferencing</li> </ul>	<ul style="list-style-type: none"> <li>▪ End of September</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> <li>▪ Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>▪ completed</li> </ul>
Steps to take within each region	<ul style="list-style-type: none"> <li>▪ Portfolio Managers and providers in the region</li> </ul>	<ul style="list-style-type: none"> <li>▪ Meet Portfolio Managers to establish local reference groups comprised of roll out stakeholders within that district and indicate an appropriate chair for the group</li> <li>▪ Work with the reference group to write up Terms of Reference</li> <li>▪ Meet individual providers to complete the Provider Capability Assessment Tool and PRIMHD Mapping Tool</li> <li>▪ Ascertain technical support requirements of each provider</li> <li>▪ Work alongside each of the appointed persons to write up an agreed implementation plan</li> <li>▪ Implement plan – Training, IT resources, documentation with time frames</li> <li>▪ Documentation for ongoing compliance with reporting PRIMHD – Quality assurances processes i.e. Super users in the organisations</li> <li>▪ Regular face to face meetings with provider or by email and/or phone to ascertain progress</li> <li>▪ Evaluate after 3 months of consistent reporting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Depending on the readiness of MoH</li> <li>▪ Prior to roll out within that region</li> <li>▪ At the first meeting held</li> <li>▪ Once PRIMHD is being rolled out</li> <li>▪ Obtain if assessment has indicated provider requires support</li> <li>▪ Once the assessment has been completed</li> <li>▪ Ongoing</li> <li>▪ After 3 months of consistent reporting</li> </ul>	<ul style="list-style-type: none"> <li>▪ completed</li> </ul>

## Appendix 2: NGO Survey Results

Question 1: Which DHB region do you work in? (you may tick more than one box)

<i>answered question</i>	<b>74</b>
<i>skipped question</i>	<b>0</b>



Question 2: What is your role in the organisation you work for?

Answer Options	Response Percent	Response Count
Manager	29.7%	22
Administrator/PA	17.6%	13
Team Leader	5.4%	4
Counsellor	1.4%	1
Nurse	2.7%	2
Social Worker	2.7%	2
Support Worker	4.1%	3
Kaimahi	9.5%	7
Peer Support	1.4%	1
AOD Practitioner	14.9%	11
Advocate	1.4%	1
Other (please specify)	9.5%	7
<i>answered question</i>		<b>74</b>
<i>skipped question</i>		<b>0</b>

**Question 3: Which of the following best describes your organisation? (You may tick more than one box)**

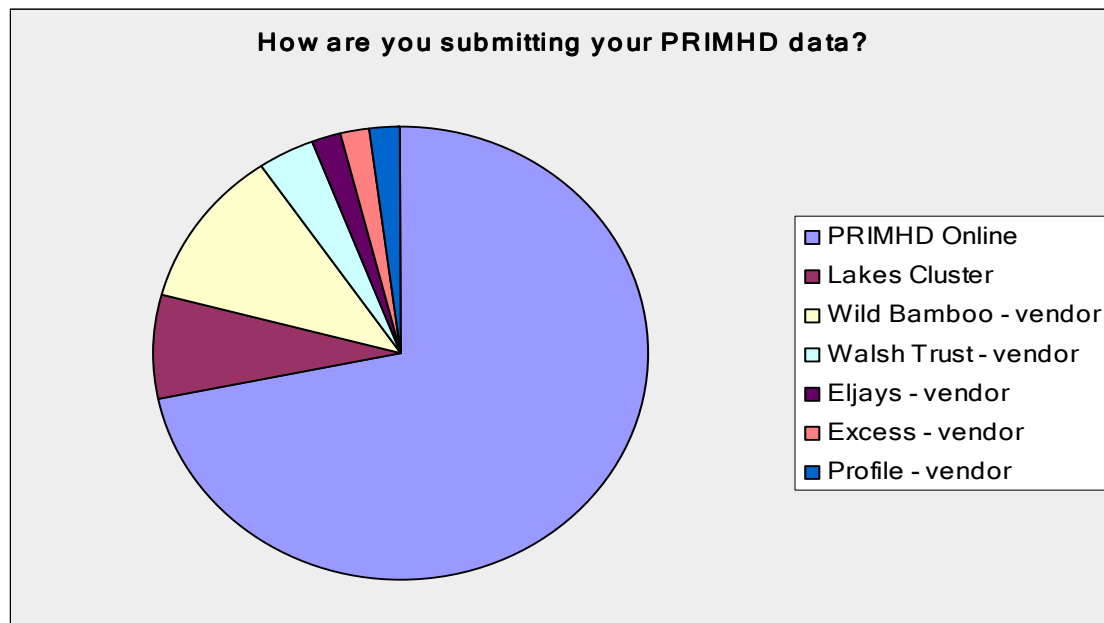
Answer Options	Response Percent	Response Count
Mainstream provider	9.5%	7
Kaupapa Maori provider	50.0%	37
Pacific Peoples provider	6.8%	5
Consumer provider	6.8%	5
Whanau/Family provider	23.0%	17
Addictions only provider	16.2%	12
Mental health only provider	12.2%	9
Both mental health and addictions provider	37.8%	28
Other	5.4%	4
<b>answered question</b>		<b>74</b>
<b>skipped question</b>		<b>0</b>

**Question 4: Approximately how many staff are employed to work in mental health and addictions within your organisation?**

Answer Options	Response Percent	Response Count
Less than 5 staff	29.7%	22
Up to 15 staff	33.8%	25
Between 15 and 30 staff	14.9%	11
More than 30 staff	21.6%	16
<b>answered question</b>		<b>74</b>
<b>skipped question</b>		<b>0</b>

**Question 5: How are you submitting your PRIMHD data?**

<b>answered question</b>	<b>53</b>
<b>skipped question</b>	<b>21</b>



**Question 6: Which Virtual Private Network (VPN) provider are you using to submit data?**

Answer Options	Response Percent	Response Count
Safecom	0.0%	0
SecureME for Health	12.5%	7
SecureIT HealthLink	19.6%	11
HealthZone	0.0%	0
TCL Private IP	0.0%	0
TCL Business Internet	0.0%	0
TCL High Speed Internet +	0.0%	0
Mako	5.4%	3
Telecom	7.1%	4
Telstra Clear	5.4%	3
We do not have a VPN	7.1%	4
I am not sure	42.9%	24

<b>answered question</b>	<b>56</b>
<b>skipped question</b>	<b>18</b>

**Question 7: If you have any additional comments about the technical aspects of PRIMHD please add them here**

- At first very slow but process has speeded up which is great.
- Too Slow (multiple respondents)
- Difficulties connecting to PRIMHD Online (multiple respondents)
- It's pot luck as to whether or not we can get in, not sure which network we're on
- Unable to access PRIMHD continuous problems with system continually contact our IT service
- Waiting on answers to issues
- Why do we have to repeat everything like age, referred by, referred to, NHI, DOB, gender, in Medtec you put the name in and all relevant info is there
- We don't submit PRIMID, our stats person does it for us
- We will be looking at moving to Profile
- Would be easier if we could do bulk entering
- When re admitting clients it would be good to have a readmit box

**Question 8: Where do you get your NHI Numbers from? (you may tick more than one box)**

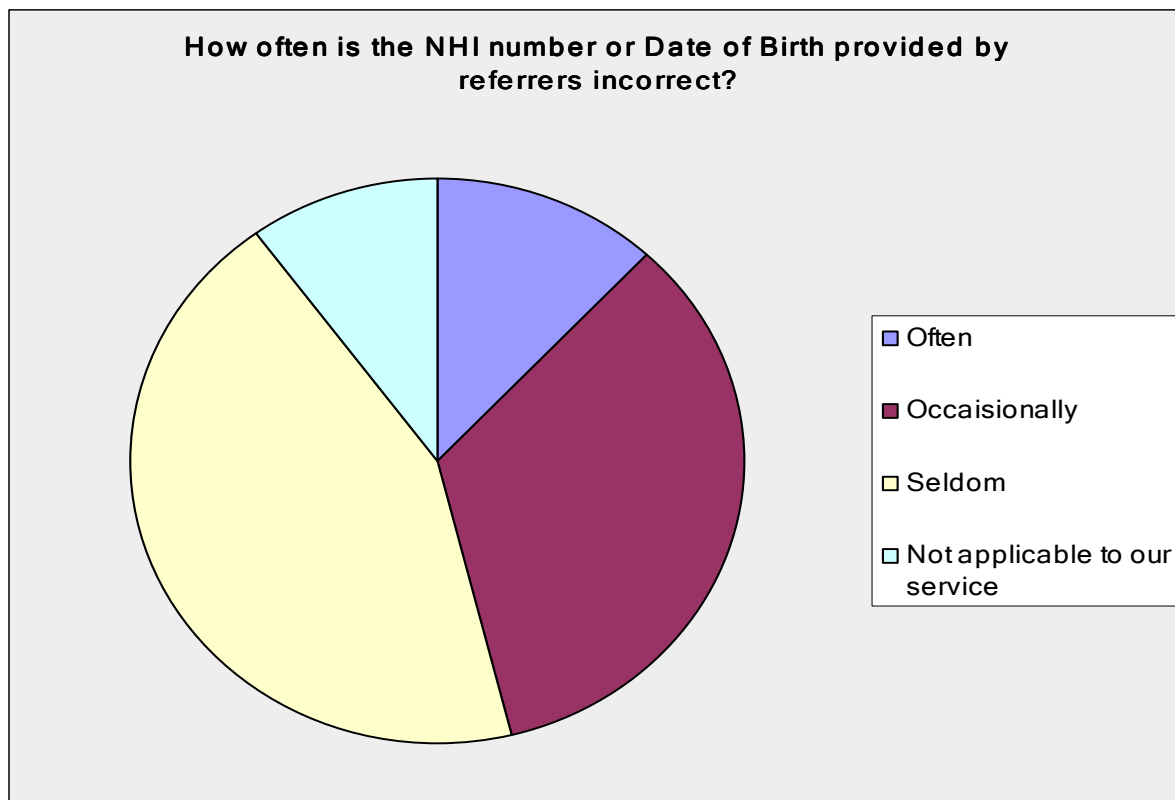
Answer Options	Response Percent	Response Count
From the referrer	47.2%	25
GP	26.4%	14
Needs Assessment Service (NASC)	11.3%	6
Access NOAH	13.2%	7
From service user or whanau	15.1%	8
Fax/Phone (NHI access)	35.8%	19
DHB	22.6%	12
Other	10	10
<b>answered question</b>		<b>53</b>
<b>skipped question</b>		<b>21</b>

**Question 9: How often is the NHI number or Date of Birth provided by referrers incorrect?**

Answer Options	Response Percent	Response Count
Often	12.0%	6
Occasionally	34.0%	17
Seldom	44.0%	22
Not applicable to our service	10.0%	5
<b>answered question</b>		<b>50</b>
<b>skipped question</b>		<b>24</b>

**Comments**

- Very annoying and time consuming to access correct information
- Most do not even give the NHI number
- But there is the odd one that is wrong



**Question 10: Were you involved with the Mapping Document for your organisation?**

Answer Options	Response Percent	Response Count
Yes	37.3%	19
No	62.7%	32
<b>answered question</b>		<b>51</b>
<b>skipped question</b>		<b>23</b>

**Question 11: How difficult was this process for you?**

Answer Options	Response Percent	Response Count
Very	14.3%	6
Quite	31.0%	13
I was well supported	54.8%	23
Comment	16	16
<i>answered question</i>		<b>42</b>
<i>skipped question</i>		<b>32</b>

**Comments**

- Not doing this / Not involved (Multiple respondents)
- Practice, practice, practice!
- 2 weeks notice not good enough

**Question 12: If you are submitting data through a vendor, did they give you adequate assistance with completing your Mapping Document? (e.g. Wild Bamboo, Eljays, Profile, Walsh Trust, Excess)?**

Answer Options	Response Percent	Response Count
Yes	25.5%	12
No	23.4%	11
We do not use a vendor	51.1%	24
Comment	10	10
<i>answered question</i>		<b>47</b>
<i>skipped question</i>		<b>27</b>

**Comments**

- Don't know what we use / Not involved (Multiple respondents)
- Still looking at vendors (Multiple respondents)
- Mapping document was completed before vendor was decided upon
- MedTech is our clinical system. It is a huge disappointment that there has been no interface between the MOH and these major providers

**Question 13: Has your vendor provided you support with data errors?**

Answer Options	Response Percent	Response Count
Yes	50.0%	13
No	15.4%	4
Not applicable	34.6%	9
<i>answered question</i>		<b>26</b>
<i>skipped question</i>		<b>48</b>

**Question 14: Approximately how long did it take for your digital certificate to arrive after you sent the forms to New Zealand Health & Disability Sector Registration Authority (NZHSRA)?**

Answer Options	Response Percent	Response Count
Less than a week	7.1%	3
Between one and two weeks	33.3%	14

Longer	11.9%	5
We did not require a digital certificate	9.5%	4
I am not sure what a digital certificate is	38.1%	16
<b>answered question</b>		<b>42</b>
<b>skipped question</b>		<b>32</b>

**Question 15: If you have any additional comments about accessing information for PRIMHD please add them here**

- The process was not clearly laid out and proved to be overwhelming difficult to follow
- Confused baffled and uncertain about the whole process. Lack of consultation. We are not accessing information but expected to provide it for PRIMHD
- Completely inadequate database design and management parameters that focus on business SQL only, with no significant clinical information accessible.
- Set up of PRIMHD was done by our head office
- System is very slow
- At times the site is down for long periods of time, I do know maintenance is partly the reason but do know processing can take a long time at times also
- Picking the best value IT system has taken huge hours

**Question 16: Do you personally enter PRIMHD data electronically?**

Answer Options	Response Percent	Response Count
yes	62.8%	27
no	37.2%	16
<b>answered question</b>		<b>43</b>
<b>skipped question</b>		<b>31</b>

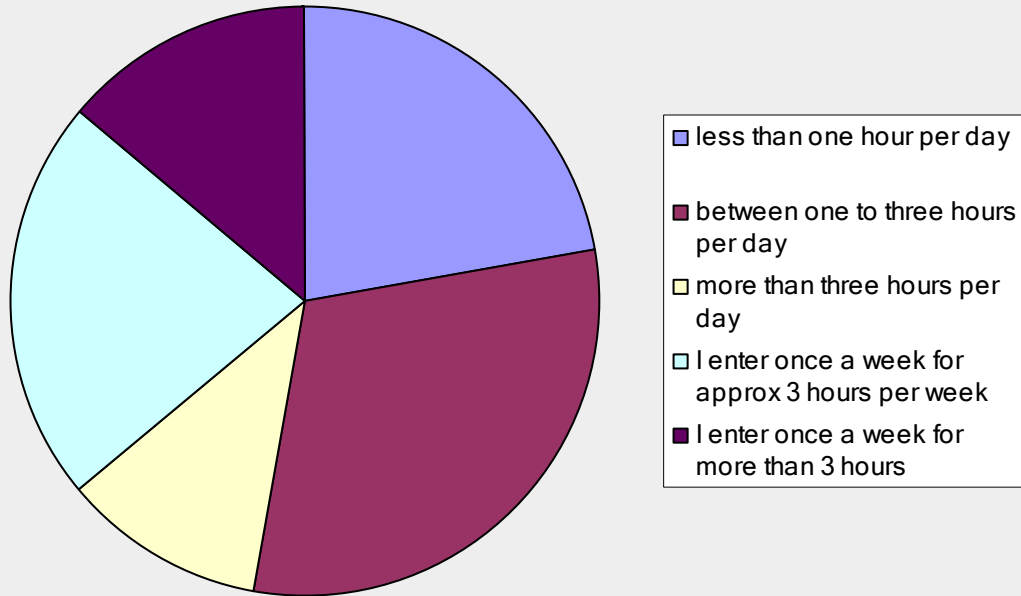
**Question 17: On average how much time do you spend entering PRIMHD data?**

Answer Options	Response Percent	Response Count
less than one hour per day	22.2%	8
between one to three hours per day	30.6%	11
more than three hours per day	11.1%	4
I enter once a week for approx 3 hours per week	22.2%	8
I enter once a week for more than 3 hours	13.9%	5
Other (please specify)	10	10
<b>answered question</b>		<b>36</b>
<b>skipped question</b>		<b>38</b>

**Comments**

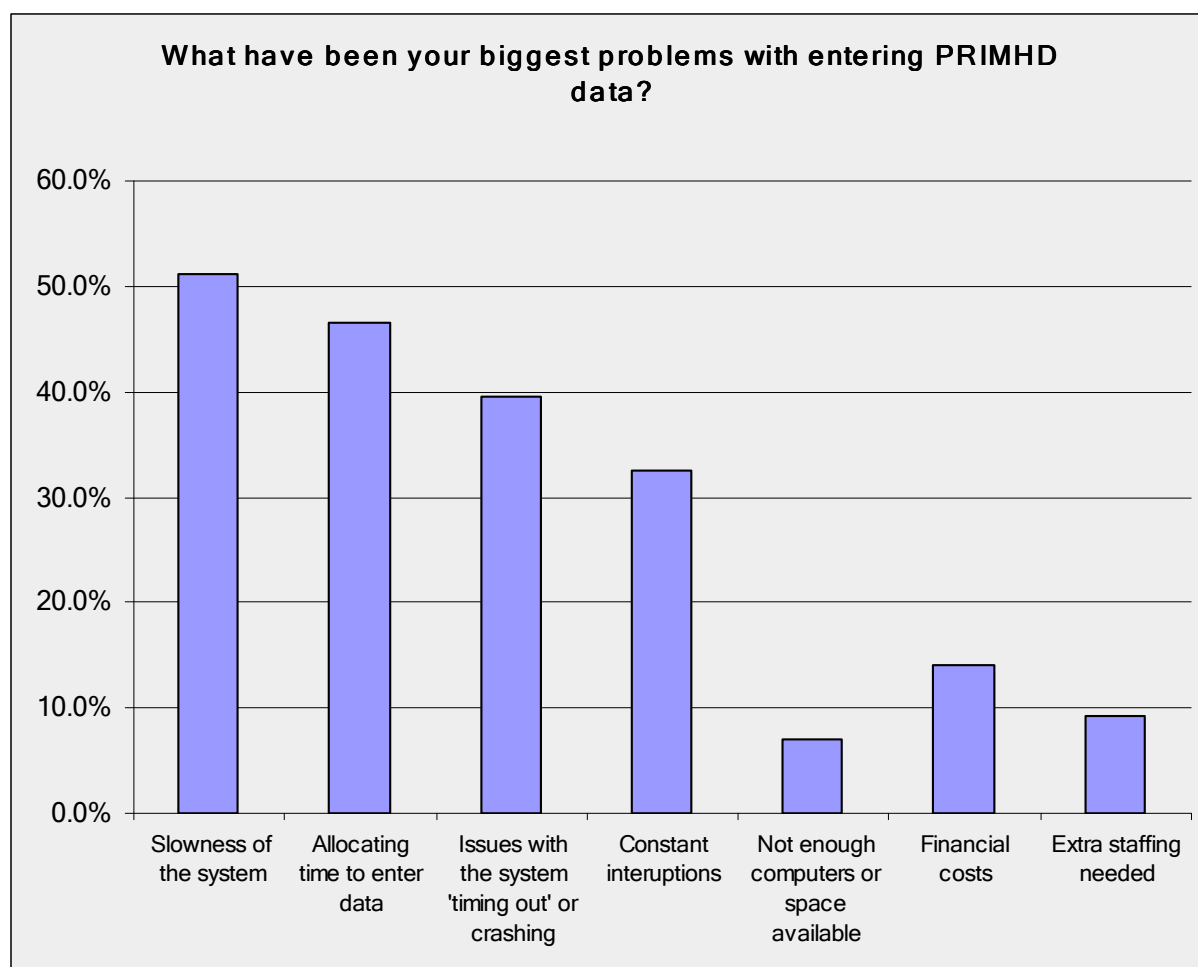
- Not entering data or involved yet (Multiple respondents)
- Due to accessibility of the system sometimes the whole day
- Staff enter data after each activity
- I enter once a month

**On average how much time do you spend entering PRIMHD data?**



**Question 18: What have been your biggest problems with entering PRIMHD data? (tick all appropriate boxes)**

Answer Options	Response Percent	Response Count
Slowness of the system	51.2%	22
Allocating time to enter data	46.5%	20
Issues with the system 'timing out' or crashing	39.5%	17
Constant interruptions	32.6%	14
Not enough computers or space available	7.0%	3
Financial costs	14.0%	6
Extra staffing needed	9.3%	4
Other	6	6
<b>answered question</b>		<b>43</b>
<b>skipped question</b>		<b>31</b>



**Question 19: If you have any additional comments about entering PRIMHD data please add them here**

- I think we need more T codes to describe more accurately what is going on
- Staff have been really frustrated by the PRIMHD on-line system. It's really slow and crashes
- Our vendor software makes data entry straight forward and has not been an issue. Staff compliance is another story!
- Utilised PRIMHD Online prior to going to Wild Bamboo. It was very time consuming and took 2 of us many hours
- Templates format unnecessary, too many rows and columns for activity and staff information. We are 2 staff with 1 FTE, and some of the activities are not required
- Entering the correct if any, data
- The system is abysmally slow and in terms of our organisation, requires a full day to input data - and this is taken out of clinical time. A waste of our time and impacts on our service delivery to clients.

**Question 20: Which PRIMHD Regional Coordinator from the Midland Regional Network Team have you had most contact with?**

Answer Options	Response Percent	Response Count
Vivienne	13.0%	3
Belinda	82.6%	19

Both	4.3%	1
Not sure	0.0%	0
<b>answered question</b>		<b>23</b>
<b>skipped question</b>		<b>51</b>

**Question 21: Do you feel that they communicated information with you well and in a timely way?**

Answer Options	Response Percent	Response Count
Yes	95.7%	22
No	4.3%	1
<b>answered question</b>		<b>23</b>
<b>skipped question</b>		<b>51</b>

**Question 22: Were they helpful to you and did they respond quickly?**

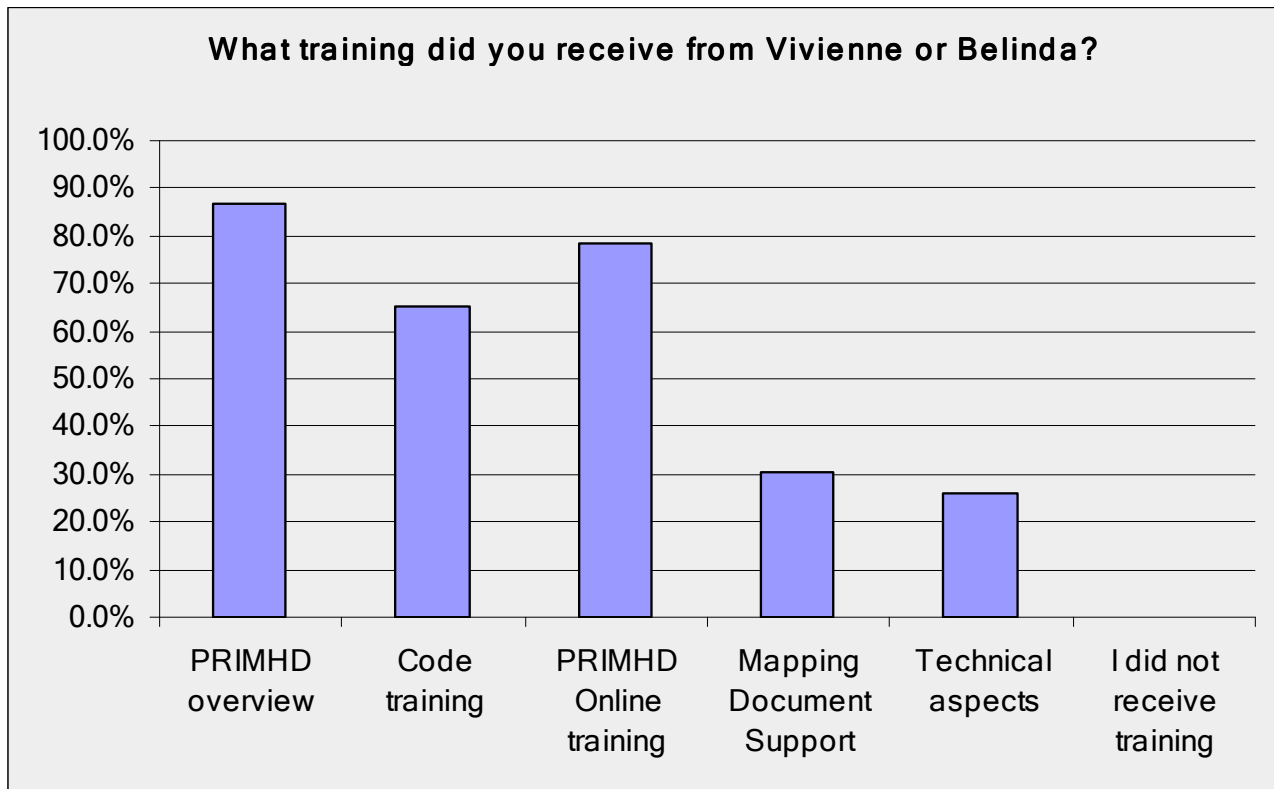
Answer Options	Response Percent	Response Count
Yes	95.2%	20
No	4.8%	1
<b>answered question</b>		<b>21</b>
<b>skipped question</b>		<b>53</b>

**Question 23: How do you feel about their ability to connect with you?**

Answer Options	Response Percent	Response Count
Very easy to connect with	82.6%	19
Able to connect with them	17.4%	4
I found it difficult to connect with them	0.0%	0
<b>answered question</b>		<b>23</b>
<b>skipped question</b>		<b>51</b>

**Question 24: What training did you receive from Vivienne or Belinda? (tick all appropriate boxes)**

Answer Options	Response Percent	Response Count
PRIMHD overview	87.0%	20
Code training	65.2%	15
PRIMHD Online training	78.3%	18
Mapping Document Support	30.4%	7
Technical aspects	26.1%	6
I did not receive training	0.0%	0
Other	1	1
<b>answered question</b>		<b>23</b>
<b>skipped question</b>		<b>51</b>



**Question 25: How was the training experience for you?**

Answer Options	Response Percent	Response Count
Excellent	47.8%	11
Very good	34.8%	8
Good	13.0%	3
Not very good	4.3%	1
We did not receive training	0.0%	0
<b>answered question</b>		<b>23</b>
<b>skipped question</b>		<b>51</b>

**Question 26: Which of the following have Midland PRIMHD Regional Coordinators provided to you? (Please tick all the appropriate boxes)?**

Answer Options	Response Percent	Response Count
Digital Certificate information	27.3%	6
Virtual Private Network (VPN) information	22.7%	5
Support with data entry	59.1%	13
Training	63.6%	14
Mapping Document completion	36.4%	8
General reassurance and advice	45.5%	10
Ongoing follow up	50.0%	11
Regular updates	50.0%	11
PRIMHD Pamphlet information for service users	63.6%	14

Interface with Ministry of Health	18.2%	4
Application to connect to the New Zealand Health Network	27.3%	6
Contacts for resolutions of issues	36.4%	8
Information on storage of consumer health records	13.6%	3
Examples of data collection forms	50.0%	11
Information on HoNOS	9.1%	2
Information on reports	9.1%	2
How to use data	36.4%	8
<b>answered question</b>		<b>22</b>
<b>skipped question</b>		<b>52</b>

### Question 27: Is there any way we can improve the way we worked with you?

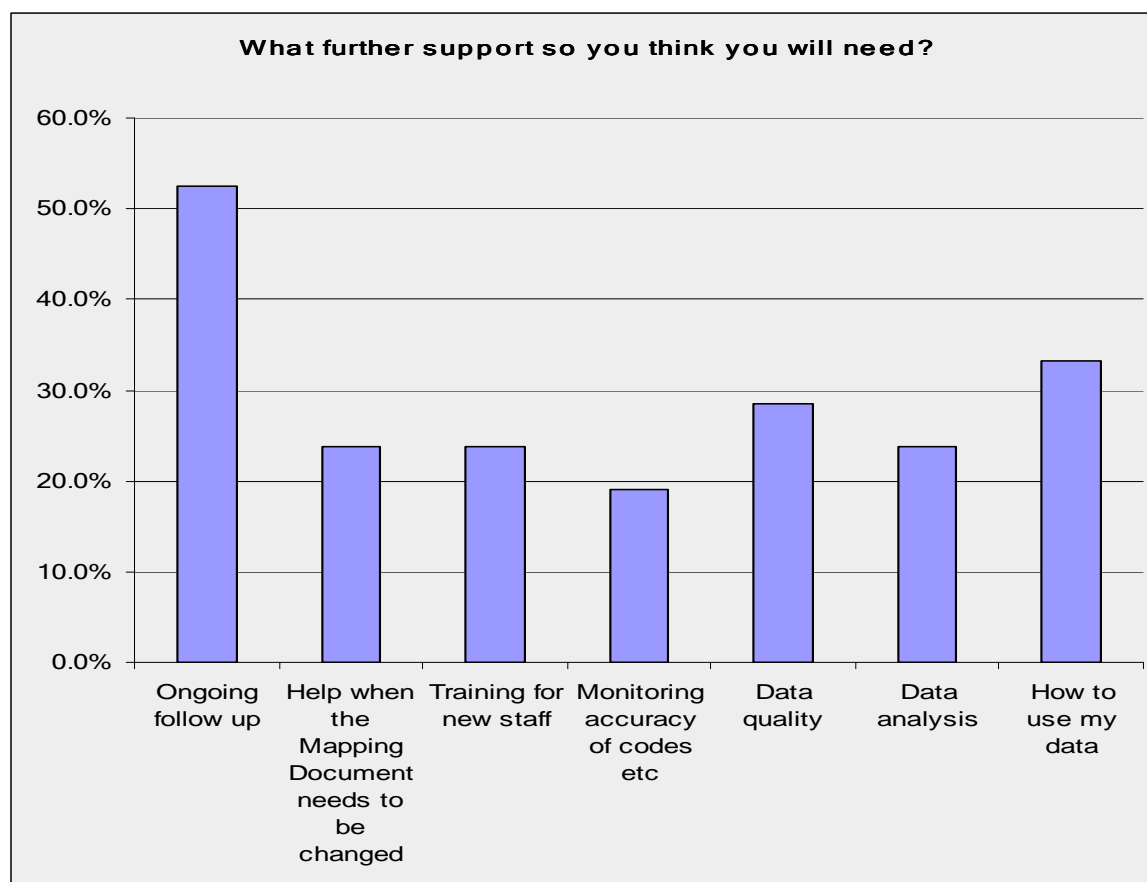
The majority of participants skipped this question.

The few comments were:

- In regards to more information on how to apply for a digital certificate & NHI online
- Keep on doing what is being done - timely and up-to-date information sharing
- Service was fine

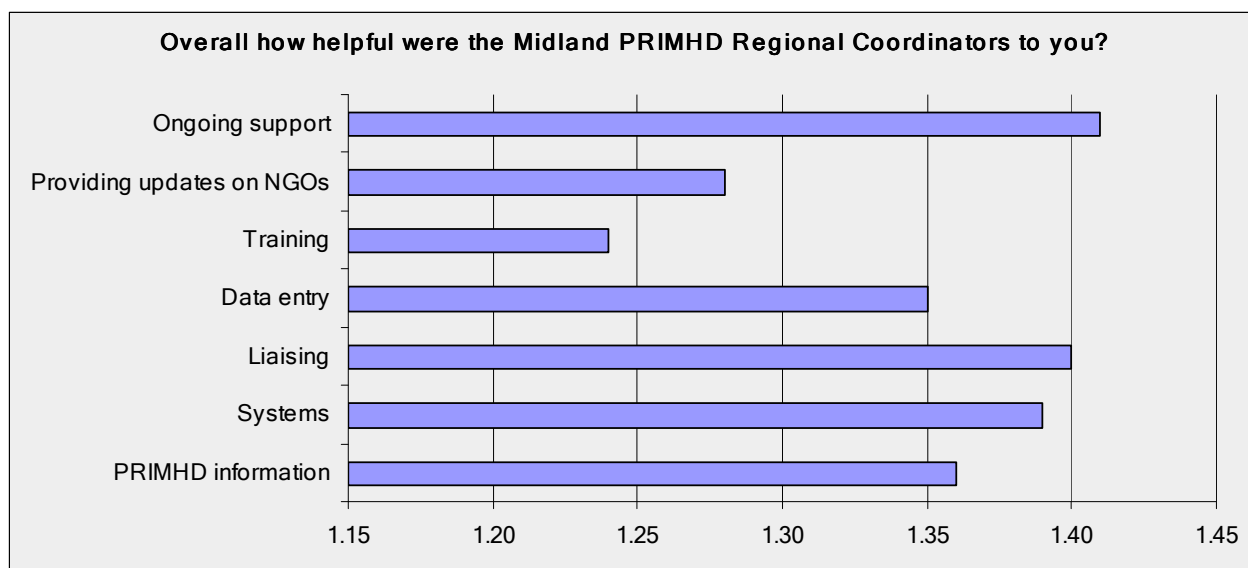
### Question 28: What further support do you think you will need? (tick all appropriate boxes)

Answer Options	Response Percent	Response Count
Ongoing follow up	52.4%	11
Help when the Mapping Document needs to be changed	23.8%	5
Training for new staff	23.8%	5
Monitoring accuracy of codes etc	19.0%	4
Data quality	28.6%	6
Data analysis	23.8%	5
How to use my data	33.3%	7
Other	0	0
<b>answered question</b>		<b>21</b>
<b>skipped question</b>		<b>53</b>



**Question 29: Overall how helpful were the Midland PRIMHD Regional Coordinators to you?**

Answer Options	Very helpful	Helpful	Not very helpful	N/A	Rating Average	Response Count
PRIMHD information	16	4	2	1	1.36	23
Systems	12	5	1	2	1.39	20
Liaising	12	8	0	1	1.40	21
Data entry	14	5	1	2	1.35	22
Training	16	5	0	1	1.24	22
Providing updates on NGOs	13	5	0	2	1.28	20
Ongoing support	14	7	1	1	1.41	23
<b>answered question</b>						<b>23</b>
<b>skipped question</b>						<b>51</b>



**Question 30: If you have any additional comments about Midland PRIMHD support please add them here**

Whilst we were in the pilot programme, I had an expectation that the coordinator would know more than me. I had been reading / researching PRIMHD for 2 years and was eager for our provider to be a part of it. When the coordinator admits that I know more than her, her credibility goes out the door.

**Question 31: What has been most helpful to you?**

- Learning processes codes etc...
- Belinda has been dynamic.
- Step by step is easy to follow
- Belinda - she is always been available to field queries and questions and to provide support
- Accessing Wild Bamboo
- Being able to complete PRIMHD data through Wild Bamboo, having regional coordinator come and help our service
- Good communication (two way) with Belinda
- Support from coordinators
- When PRIMHD is actually up and running
- Knowing that when queries or questions need answering, Belinda will respond at her earliest convenience
- The continuous support from Belinda
- Receiving the Mapping Document and the Training Manual
- Contact with Ministry in Wellington for corrections.

**Question 32: What have been the biggest issues for you?**

- Speed of inputting or just finding the time to enter the data (multiple respondents)
- The whole system
- Slowness of data entry, crashing often, frustrating/annoying (multiple respondents)
- Extra reporting requirement that PRIMHD has created for us in our work
- Takes time away from clients (multiple respondents)
- Putting in data on new clients for 3 and a half hrs & then not finding the information
- Isolation. The feeling of "going it alone". Other than the Vendors Workshop in Wellington last August, I have only spoken to one other agency who is submitting data to PRIMHD and they are using PRIMHD Online

where we are using a vendor. There was not sufficient clear, step by step instructions to assess where I was, what I needed and how to get it. This resulted in unreasonable amounts of personal stress that could have been avoided with tailored instruction and planning

- The VPN was installed and crashed our internal systems / the costs of all the bits and pieces - we were led to believe that this would have minimal financial impact to the NGO's
- Errors with Wild Bamboo software
- Learning codes or too many codes for some providers (multiple respondents)
- Using NHI Numbers instead of names when sending information through the system
- When our system stops working, its often difficult to work out what is wrong; is it the VPN service provider, internet down, or is it the MoH entry system that is preventing us from fulfilling our requirements... it can take hours to sort out a 2 min issue as we do not have a full time computer technician on hand at our office... we have to ask someone to come in and wait for the problem to be fixed or sorted.

**Question 33: Would you like a copy of the report emailed directly to you?**

Answer Options	Response Percent	Response Count
Yes please	75.0%	15
No thank you	25.0%	5
<b><i>answered question</i></b>		<b>20</b>
<b><i>skipped question</i></b>		<b>54</b>

## Appendix 3: Planning and Funding Portfolio Manager Survey Results

Question 1: Which DHB region do you work in?

Answer Options	Response Percent	Response Count
Lakes	25.0%	1
Bay of Plenty	25.0%	1
Waikato	0.0%	0
Taranaki	25.0%	1
Tairāwhiti	25.0%	1
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

Question 2: Which PRIMHD Regional Coordinator from the Midland Regional Network Team have you had most contact with?

Answer Options	Response Percent	Response Count
Vivienne	0.0%	0
Belinda	50.0%	2
Both	50.0%	2
Not sure	0.0%	0
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

Question 3: Do you feel that they communicated information with you well and in a timely way?

Answer Options	Response Percent	Response Count
Yes	100.0%	4
No	0.0%	0
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

Question 4: Were they responsive to you?

Answer Options	Response Percent	Response Count
Yes	100.0%	4
No	0.0%	0
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

**Question 5: How do you feel about their ability to connect with you?**

Answer Options	Response Percent	Response Count
Very easy to connect with	75.0%	3
Able to connect with them	25.0%	1
I found it difficult to connect with them	0.0%	0
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

**Question 6: How effective were the Midland PRIMHD Regional Coordinators in keeping you connected with implementation in your district?**

Answer Options	Response Percent	Response Count
Very effective	75.0%	3
Effective	25.0%	1
Not very effective	0.0%	0
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

**Question 7: How accurate were the NGO Mapping Documents once you received them?**

Answer Options	Response Percent	Response Count
Very accurate	0.0%	0
Accurate	75.0%	3
Not accurate enough	0.0%	0
I have not received any Mapping Documents yet	25.0%	1
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

**Question 8: Has your knowledge of PRIMHD improved during the project?**

Answer Options	Response Percent	Response Count
Yes quite a lot	25.0%	1
A little	75.0%	3
Not much	0.0%	0
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

**Question 9: If you have any additional comments about Midland PRIMHD support please add them here**

- Please let it continue!
- I found that having one point of contact was really helpful.

**Question 10: Are you satisfied with the level of support you received directly from the Ministry of Health?**

Answer Options	Response Percent	Response Count
Yes	25.0%	1
No	75.0%	3
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>0</b>

**Question 11: Is there any way we can improve the way we worked with you?**

- Majority of the contact is directly with the Providers

**Question 12: What has been most helpful to you?**

- Forming a relaxed, easy relationship with Belinda. She is efficient and prompt in her responses to queries
- Having a regional approach - and a dedicated resource to contact
- Having a local Midland person

**Question 13: What have been the biggest issues for you?**

- reporting, reporting, reporting
- The fact that PRIMHD reporting is not connected to PUCs which is the main vehicle for P & F's knowledge of services
- Feeling responsible for stressing out providers as the costs (money and time) has been detrimental to them
- Not knowing the costs of what the Ministry's longer term plan is and worrying about not having longer term support for the project - i.e. this becomes business as usual with expectation that PMs will pick up the ongoing work around PRIMHD.
- Not having access to any/any useful data from PRIMHD - no incentive to buy in

**Question 14: Would you like a copy of the report emailed directly to you?**

Answer Options	Response Percent	Response Count
Yes Please	50.0%	2
No thank you	50.0%	2

## Appendix 4: Other Stakeholder Survey Results

### Question 1: Which organisation do you work in?

Answer Options	Response Percent	Response Count
Ministry of Health	80.0%	4
Platform	20.0%	1
Other Government Agency/Organisation	0.0%	0
Non Government Agency/Organisation	0.0%	0
Other	0.0%	0
<b>answered question</b>		<b>5</b>
<b>skipped question</b>		<b>0</b>

### Question 2: Which PRIMHD Regional Coordinator from the Midland Regional Network Team have you had most contact with?

Answer Options	Response Percent	Response Count
Vivienne	0.0%	0
Belinda	0.0%	0
Both	100.0%	5
Not sure	0.0%	0
<b>answered question</b>		<b>5</b>
<b>skipped question</b>		<b>0</b>

### Question 3: Do you feel that they communicated information with you well and in a timely way?

Answer Options	Response Percent	Response Count
Yes	100.0%	5
No	0.0%	0
<b>answered question</b>		<b>5</b>
<b>skipped question</b>		<b>0</b>

### Question 4: Were they responsive to you?

Answer Options	Response Percent	Response Count
Yes	100.0%	5
No	0.0%	0
<b>answered question</b>		<b>5</b>
<b>skipped question</b>		<b>0</b>

**Question 5: How do you feel about their ability to connect with you?**

Answer Options	Response Percent	Response Count
Very easy to connect with	100.0%	5
Able to connect with them	0.0%	0
I found it difficult to connect with them	0.0%	0
<i>answered question</i>		<b>5</b>
<i>skipped question</i>		<b>0</b>

**Question 6: How effective were the Midland PRIMHD Regional Coordinators in keeping you connected with the PRIMHD implementation?**

Answer Options	Response Percent	Response Count
Very effective	80.0%	4
Effective	20.0%	1
Not very effective	0.0%	0
<i>answered question</i>		<b>5</b>
<i>skipped question</i>		<b>0</b>

**Question 7: If you have any additional comments about Midland PRIMHD support please add them here**

- It would be very hard for some one new to come into the role and try to establish the contact and rapport with NGO staff at this stage - especially as the annual contract review is now due
- I have known Belinda when she worked at Healthcare NZ and the excellent job she did as an NGO. Viv has all the knowledge that comes with working in the mental health sector and that shows through in the work she does. It is a pleasure to work with them both and know you can rely on them
- They are both real assets to the Midland area

**Question 8: Is there any way we can improve the way we worked with you?**

- Try not to oppose what we cannot change
- The only issue that I have is a small one. I objected to the way that the Te Pou representative was introduced as a fait accompli decision for the proposed mapping project at the very start of the PRIMHD NGO implementation. In a similar vein we had two occasions where additional people from Midland turned up to meetings hosted by the MOH or Platform Trust without any prior notification
- Some of the NGOs had names that were difficult to pronounce, so verbal updates harder to note down than email updates

**Question 9: What has been most helpful to you?**

- Discussions and regular updates in the final stages
- What has been most helpful is the willingness of the Midland regional coordinators to share ideas and resources with others people working in other parts of the country. They have been great advocates for their NGO providers and have demonstrated that they understand the issues from a provider perspective, which has been a great asset for PRIMHD
- Quick email updates and updates in the Readiness spreadsheet, plus the implementation plans.

**Question 10: What have been the biggest issues for you?**

- For the PRIMHD Regional Coordinator to realise they were working for MOH

- The Midland region includes a large number of NGOs that are dispersed throughout a wide geographical area. At times, progress appeared to be slower than the other regions, but the addition of another coordinator (Belinda) provided Vivienne with some much needed additional capacity at a crucial time in the implementation process

**Question 11: Would you like a copy of the report emailed directly to you?**

Answer Options	Response Percent	Response Count
Yes Please	100.0%	4
No thank you	0.0%	0
<b><i>answered question</i></b>		<b>4</b>
<b><i>skipped question</i></b>		<b>1</b>