

PRIMHD NGO Regional Coordinators Meeting

13th and 14th October 2009

Present: Richard Jeffcoat, Vivienne Martin, Sandra Murray, Kuvandrin Poonan (second day only), Dan Mustapic (second day only), Bill Alp, Monica Martin, Jenny Hurunui-Angus, Angela Pidd, Soledad Labbe-Hubbard, Dita Ciulacu, Sue Brown, Sonia Tafilipepe, Phillipa Gaines, Marion Blake (first day only).

Apologies: Pauline Dennis






Agenda Item	Discussion	Action	Responsibility
<p>Organisation Structure of PRIMHD</p>	<p>Information on the strategies and plans that supports PRIMHD. Discussion around the organisational structure of PRIMHD and Project Phases. During the discussion it was clear that the MoH does not have a Project management resource currently assigned to Phase 3.</p>	<ul style="list-style-type: none"> MoH to update the current Organisation Structure of PRIMHD stakeholders to reflect the NGO Site Coordinators and minimize any miscommunication of roles and responsibilities. 	<p>Bill Alp</p>
<p>PRIMHD report development for NGOs</p>	<p>The RC's were under the assumption that MoH would enable the NGO to extract information reported to PRIMHD.</p> <p>There is a lack of information in the sector about the benefits to NGOs from supplying PRIMHD data.</p>	<ul style="list-style-type: none"> Development of some key messages for RCs and Platform to use with NGOs Platform to send RCs a copy of the Platform paper on the benefits to NGOs from engaging in the information development agenda. Platform to meet with the MOH to clarify a process and timeframes for phase 3 of the project (e.g. report development at both strategic and operational levels). Issue to be raised at National Executive Steering Group, offline discussion to happen with Memo, Bill and Phillipa. 	<p>RCs /Phillipa Marion/Phillipa</p> <p>Marion/Phillipa/ Memo/Bill Memo/Phillipa/Bill</p>
<p>NSF and PRIMHD</p>	<p>Lack of alignment between PU codes and PRIMHD team types. As PRIMHD does not reflect the current model of care, and will not reflect any changes in the model of care due to introduction of the new NSF.</p> <p>There has been a reduction in the amount of reporting to 'HealthPAC' as a result of PRIMHD but this is still a problem area that is still subject to development under the NSF project. MHINC team type codes are</p>	<ul style="list-style-type: none"> Current HISO documents (the source for PRIMHD fields) cannot be changed at this stage and so the Working Party document on suggested revisions will become a valuable resource for the NGO sector when the PRIMHD data set comes up for review by HISO in 2010. (see mapping issues) Discuss NSF and PRIMDH issues offline with Memo, ROZ, Bill and Phillipa. This discussion will relate to reporting after PRIMHD and NSF alignment to PRIMHD codes. MOH is continuing work (until March 2010) in this area as part of the current NSF project and will keep the PRIMHD project informed of progress as it was agreed that it would be preferable to have consistent messages around this issue published under both projects. 	<p>RCs/MOH</p> <p>Memo/Roz/ Bill/Phillipa/</p> <p>MH Group</p>

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	<p>being used in PRIMHD but they are no longer applicable in the current service environment.</p> <p>PRIMHD information from DHBs and NGOs is used to generate the POP06 reports.</p> <p>Mitigation approach to be used by RC's as HISO process starts sometime in 2010/11.</p>		
Scope definition	<p>Group discussion about the issues raised by the Northern Region in their memo (dated 5 October 09). The majority of RC's did not assess the financial impact associated with this definition, but accepted it in principle.</p>	<ul style="list-style-type: none"> • MOH to determine how much funding nationally is being directed towards aged care providers with 3 or less mental health residents. • Platform to revise the scope definition to include the following items - direct support and delivery services, DHB funders to make the decision about which providers are in scope, regional coordinators to help inform this decision, include a statement to the effect that PRIMND is only one form of mandatory reporting and that it does not replace other forms of reporting that are also part of the NGO provider contract (i.e. reporting to Sector Services, formally known as HealthPAC). • Suggest the amendment Scope definition to National Executive Steering Group 	<p>Barry Welsh</p> <p>Phillipa Gaines</p> <p>Phillipa Gaines</p>
Provider Reporting to PRIMHD - from referral to discharge	<p>Significant amount of discussion how the RCs and the MOH might work together to improve current processes (e.g. current variations in practice about when a referral starts and ends).</p> <p>Business rules are informally in place for Stage 1 and 2, but not registered in MoH documentation.</p>	<ul style="list-style-type: none"> • MOH to notify the relevant regional coordinator when the results of the data quality check have been returned to the NGO provider. • MOH to send around a list of questions to help regional coordinators identify the correct team types for each provider. • Notify DHB funders and planners about Inter district flow of Patients. What are the local DHB business rules for the recording of temporary referrals out of area? • Platform to follow the referral issue up with Tess Ahern from the perspective of the PRIMHD ESG. 	<p>DMS</p> <p>Monica</p> <p>RCs</p> <p>Marion/Phillipa</p>
NGO provider readiness report	<p>Overview from Bill as to how this report will help everyone monitor progress.</p>	<ul style="list-style-type: none"> • Regional coordinators to keep this master sheet updated with current status of each NGO provider in their region. • MOH to distribute provider readiness update to regional coordinators on a fortnightly basis. • MOH to send out a copy of the NGO readiness report to all coordinators in the South Island (not just directed to Dan). 	<p>RCs</p> <p>Bill Alp Bill Alp</p>
What to next?		<ul style="list-style-type: none"> • RCs to all share collateral (e.g. establishment reports and quarterly reports) with the permission of the relevant contracting agency. • MOH to develop a template for RCs to use when submitting their quarterly reports so that there is a standard format which is easy to use when identifying issues. 	<p>RCs</p> <p>Bill/Toni Roberts</p>

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		<ul style="list-style-type: none"> • Convene regular fortnightly teleconferences starting Friday 23 Oct at 9.00am (Monica to arrange teleconference numbers, Sole to chair, Phil to take minutes). Agenda items to go to Sole by email (due by 22 October) • Platform to coordinate another face-to-face meeting with the MOH and RCs on 23 November (precedes the NGO User Group meeting on 24 Nov). MOH to arrange a videoconference option for those who may not be able to attend. • Platform to establish a Google site for RCs to share material for project use only (i.e. not for the public domain). • Platform to revise the draft glossary of terms and abbreviations. • Bill is upgrading the PRIMHD website and will use this as the main medium to get up-to-date information out to NGOs instead of producing newsletters. • Use of newsletters as a communication medium to be discussed at the first joint teleconference on 23 October. • Issues register will be available for RCs to access and monitor progress of issues 	<p>Phillipa/Sole/ Monica</p> <p>Phillipa Monica</p> <p>Marion</p> <p>Phillipa</p> <p>Bill</p> <p>Everyone</p> <p>Phillipa</p>
Mapping issues	<p>Issue raised regarding the following:</p> <ol style="list-style-type: none"> a. Activities not aligned by NGO service contracted, only by team types. b. Difficulties encountered with the mapping process. c. Risk of national inconsistency if all RCs complete this process without reference to one another's work. 	<ul style="list-style-type: none"> • Sole to meet with MOH to discuss/assess technical issues related to changes in the current matrix provided in the File specification based on HISO guidelines. Whether any suggestion made from the Working Party would be able to be implemented for Stage 3+. • Sole to convene a working party of RCs and MOH representatives to look at the current MOH mapping matrix compared with local intelligence about NGO provider activity with a view to developing a standardised approach to mapping for this project. • Platform and MOH to develop a terms of reference for the Working Party. • Working Party to establish a document that will continue to capture ideas about how the HISO code set can be improved when it comes up for review in 2011. 	<p>Sole/Angela/DMS</p> <p>Sole/RCs/MOH</p> <p>Phillipa/Bill</p> <p>RCs /MOH</p>
NHI Process	<p>Overview of the NHI process, how the data is gathered.</p> <p>NGOs will have three options to access the NHI information: call centre web or NOAH. NGO will need to complete a form to access the information. Cost will be associated to the use of read only web information.</p>	<ul style="list-style-type: none"> • MOH to clarify the process as to how NGO providers might update any NHI related information in the future (response due by the next meeting - 23 Nov). • Provide NGOs addresses to MoH, this information will be used to support the Call centre for NHI information or PRIMHD information. 	<p>Alicia Webb</p> <p>RCs</p>
FTP process and access to the NHI Compliance process	<p>Issues of how much any changes will cost the NGO provider.</p> <p>High-cost for NGO to use FTP process. The costs are the same as for a large organization such</p>	<ul style="list-style-type: none"> • MOH to clarify what costs, and how frequently they might be incurred by the NGO provider with regard to: <ol style="list-style-type: none"> a. accessing the NHI and b. using a ftp process to submit data. 	<p>Bill Alp</p>

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	<p>as DHB. A short-term solution has been presented to NGOs, the NGO are sending data extract by post to MoH.</p> <p>Compliance process relates to the format of the xml file and 98% accuracy of data quality. NGO might take 3 to 4 weeks to become PRIMHD Compliant.</p> <p>The challenge for MoH is to keep sustainable data quality for NGOs.</p>		
RC information pack	Walk-through of sections of the manual	<ul style="list-style-type: none"> Consider revising the navigation of Data code set document, making it more relevant to the NGO provider. Suggestion or comments to Web user manual or any other MoH document need to be sent by email to Monica. Outlining the section or paragraphs. NB: Documents written by the MoH cannot be changed by an external party. 	<p>Monica/Jenny</p> <p>RCs</p>
MoH web portal	<p>MOH use of an interim solution in the place of the secure portal.</p> <p>No timeline provided by when the secure portal would be available.</p>	<ul style="list-style-type: none"> RCs to supply the MOH with a list of named NGO providers that are likely to start reporting PRIMHD before Xmas. MOH to develop a budget that takes into consideration that <u>these NGO providers will incur additional costs associated with them adopting an interim solution.</u> Provide access to a test environment to RCs, this would provide an opportunity for NGOs to test the site before making a decision whether to go with a management system or the web portal 	<p>RCs</p> <p>Bill</p> <p>Bill</p>
Information about possible IT vendors	MOH cannot recommend a vendor, but NGOs always ask RCs about potential suppliers that can help them with their data and/or information systems.	<ul style="list-style-type: none"> MOH has posted the advice to NGO providers about vendors, which has been developed by the Northern region, up on the PRIMHD website. RCs to refer to the provider readiness update sheet to see what vendors are already in the market. Have a collaborative approach between NGOs, not being involved with the Vendors. Platform to consider running a ROI process or hosting a vendor forum to help identify current and potential vendors. 	<p>Bill</p> <p>RCs</p> <p>Marion Blake</p>
Web portal training	MoH provided training on the mechanics of the web portal to RCs.		

Presentations from PRIMHD NGO Regional Coordinators Meeting - 13 & 14 October 2009

Agenda item	Presenter	Presentation
Reporting to PRIMHD - referral to discharge	Monica Martin & Jenny Hurunui- Angus	 PRIMHD presentation  PRIMHD Referral to Discharge Flowchart  PRIMHD Residential Referral Flowchart
Data Quality	Hilary Sharp	 Data Quality presentation
NHI and Ethnicity	Liz Mooney	 NHI presentation

Aged Care Providers contracted for 3 or less beds for mental health consumers:

DHB Name	Provider	Number of beds contracted
Bay of Plenty	Athenree Resthome and Hospital Limited	1.0
	Munro Resthomes Limited 243535	0.8
	Ohope Lodge Retirement Village Limited	1.1
Canterbury	Adriel Rest Home Limited	1.0
	Brookhaven Retirement Village Limited	0.4
	Cheviot Rest Home Ltd	1.0
	Elmswood Retirement Village	0.1
South Canterbury	Geraldine Retirement Estate Ltd	1.0
Southland	Abbotsleigh Retirement Home Limited	1.0
Total		

NB: This represents 0.02% of MH&A funding nationally.