KPIs for Australian Public Mental Health Services: PI 11 – Pre-admission community mental health care, 2019 (Service level)

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 11: Pre-admission community mental health care, 2019 (Service level)
METEOR identifier:	712104
Registration status:	[Health,](#) Superseded 13/01/2021
Description:	The percentage of admissions to the mental health service organisation's acute psychiatric inpatient unit(s) for which a community mental health service contact, in which the consumer participated, was recorded in the seven days immediately preceding that admission.

NOTE: This indicator is related to *Pre-admission community care (Jurisdictional level)*. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator. |
| **Rationale:** | To monitor the continuity/accessibility of care via the extent to which public sector community mental health services are involved with consumers prior to the admission to hospital to:
* support and alleviate distress during a period of great turmoil;
* relieve carer burden;
* avert hospital admission where possible;
* ensure that admission is the most appropriate treatment option;
* commence treatment of the patient as soon as possible where admission may not be averted. The majority of consumers admitted to public sector acute psychiatric inpatient units are known to public sector community mental health services and it is reasonable to expect community teams should be involved in pre-admission care. |
| **Indicator set:** | [Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2019)](#)
[Health,](#) Superseded 13/01/2021 |

Collection and usage attributes

Computation description:	Coverage/Scope:

All public mental health service organisations' acute psychiatric inpatient units. The following admissions are excluded:

- same day admissions;
- statistical and change of care type admissions;
- admissions by transfer from another acute or psychiatric inpatient hospital;
- admissions by transfer from community residential mental health services;
- separations where length of stay is one night only and the procedure code for Electroconvulsive therapy (ECT) is recorded.

The following community service contacts are excluded:

- service contacts on the day of admission;
- contacts where a consumer does not participate.

Methodology:

- Implementation of this indicator requires the capacity to track service use across inpatient and community boundaries and is dependent on the capacity to link patient identifiers.
- For the purpose of this indicator, when a mental health service organisation has more than one unit of a particular admitted patient care program, those units should be combined.
- The categorisation of the admitted patient unit is based on the principal purpose(s) of the admitted patient care program rather than the classification of individual consumers.
- All acute admitted mental health service units are in scope for this indicator, including short-stay units and emergency acute mental health admitted units.
- One of the following ECT procedure codes are recorded:
  * ACHI 5th edition (2006–2008) use procedure codes 93340-02 and 93340-03.
  * ACHI 6th to 9th editions (2008 to 2015) use procedure codes 93341-00 to 93341-99.
  * ACHI 10th (2015 to current) edition use procedure codes 14224-0 to 14224-06.
  * ACHI 5th to 10th editions (2006 to current). Electroconvulsive therapy Block 1907 may be selected to capture all data regardless of code changes over time

Computation:	(Numerator ÷ Denominator) x 100
Numerator:	Number of in-scope admissions to the mental health service organisation's acute psychiatric inpatient unit(s) for which a public sector community mental health service contact in which the consumer participated, was recorded in the seven days immediately preceding that admission.
Denominator:	Number of admissions to the mental health service organisation's acute psychiatric inpatient unit(s).
Disaggregation:	Service variables: target population.
	Consumer attributes: age, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status.

Representational attributes

Representation class:	Percentage
Data type:	Real
Unit of measure:	Service event
Format:	N[NN].N

Indicator conceptual framework

Framework and dimensions:	Continuous
	Accessible

Accountability attributes

Benchmark: Levels at which the indicator can be useful for benchmarking:

- service unit
- mental health service organisation
- regional group of services
- state/territory.

Further data development / collection required: This indicator cannot be accurately constructed using the Admitted Patient and Community Mental Health Care National Minimum Data Sets because they do not share a common unique identifier that would allow persons admitted to hospital to be tracked in the community services data. Additionally, states and territories vary in the extent to which state-wide unique identifiers are in place to that would allow accurate tracking of persons who are seen by multiple organisations.

There is no proxy solution available. To construct this indicator at a national level requires separate indicator data to be provided individually by states and territories.

Development of a system of state-wide unique patient identifiers within all mental health NMDSs is needed to improve this capacity.

Other issues caveats:
- The reliability of this indicator is dependent on the implementation of state-wide unique patient identifiers as the community services may not necessarily be delivered by the same mental health service organisation that admits the consumer to hospital care. Access to state-wide data is required to construct this indicator accurately.
- When reported at an individual service or catchment level, interpretation of this indicator needs to consider that catchment areas for inpatient and ambulatory services may differ.
- This measure does not consider variations in intensity or frequency of contacts prior to admission to hospital.
- This measure does not distinguish qualitative differences between phone and face-to-face community contacts.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee

Reference documents: National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.

Relational attributes

Related metadata references: Supersedes KPIs for Australian Public Mental Health Services: PI 11 – Pre-admission community mental health care, 2018 (Service level)
Health, Superseded 13/01/2021

Has been superseded by KPIs for Australian Public Mental Health Services: PI 11 – Admission preceded by community mental health care, 2020 (Service level)
Health, Superseded 17/12/2021