National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2014 QS

Exported from METEOR (AIHW's Metadata Online Registry)

National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2014 QS

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	517723
Registration status:	Health, Superseded 14/01/2015

Data quality

Data quality statement summary:	States and territories vary in their capacity to accurately track post‑discharge follow up between hospital and community service organisations, due to the lack of unique patient identifiers or data matching systems.
	For National Healthcare Agreement (NHA) 2014 reporting, additional disaggregation by age, Indigenous status, remoteness and Socio-Economic Indexes for Areas (SEIFA) deciles have been included for the first time.
	For public sector community mental health services, Victorian data is unavailable (for 2011–12) due to service level collection gaps resulting from protected industrial action during this period. Industrial action over the last 18 months in Tasmania has limited the available data quality and quantity of community data. Australian totals for 2011–12 should therefore be interpreted with caution.
Institutional environment:	The tables for this indicator were prepared by the Australian Institute of Health and Welfare (AIHW) based on data supplied by state and territory health authorities. The AIHW is an independent statutory authority within the Health portfolio, which is accountable to the Parliament of Australia through the Minister for Health. For further information see the AIHW website.
	AIHW drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) in consultation with State and Territory health authorities.
	The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities receive these data from public sector community mental health services and public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. The AIHW did not have the relevant datasets required to independently verify the data tables for this indicator.
	Community mental health services and public hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.
	States and territories supplied these data for publication in the *Report on government services 2014*.
Timeliness:	The reference period for these data is 2011–12.
Accessibility:	*Report on government services* available at:
	http://www.pc.gov.au/gsp/rogs
Interpretability:	Definitions for this indicator are published in the indicator specifications in METeOR.

Relevance:	Estimates are based on all 'in scope' separations from state and territory psychiatric acute inpatient units, where 'in scope' is defined as those separations for which it is meaningful to examine community follow-up rates. The following separations were excluded: same day separations; overnight separations that occur through discharge/transfer to another hospital; statistical discharge – type change; left against medical advice/discharge at own risk and death.

Data for all years reflect full financial year activity – that is, all in scope separations from public sector acute psychiatric units between the period 1 July and 30 June for each financial year.

Community mental health contacts counted for determining whether follow-up occurred are restricted to those in which the consumer participated. These may be face-to-face or 'indirect' (e.g., by telephone), but not contacts delivered 'on behalf of the client' in which they did not participate, with the exception of the Northern Territory which includes all contacts, but advised that the impact on the indicator is believed to be marginal. Contacts made on the day of discharge are also excluded for all jurisdictions.

Only community mental health contacts made by state and territory public mental health services are included. Where responsibility for clinical follow-up is managed outside the state/territory mental health system (e.g., by private psychiatrists, general practitioners), these contacts are not included.

States and territories vary in their capacity to accurately track post-discharge follow up between hospital and community service organisations, due to the lack of unique patient identifiers or data matching systems. South Australia indicated that the data submitted were not based on unique patient identifier or data matching approaches. This factor can contribute to an appearance of lower follow-up rates for this jurisdiction.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA). The new remoteness areas are referred to as RA 2011. The new SEIFA are referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006. Data for 2011–12 are reported for RA 2011. Data for 2011–12 are reported using SEIFA 2011 at the Statistical Local Area level (an ASGC substate geographical unit).

Remoteness and socioeconomic status have been allocated using the Statistical Local Area (SLA) of the client at last contact. For 2011–12 data all jurisdictions have used the same concordance and proportionally allocated records to remoteness and Socio-Economic Indexes for Areas (SEIFA) categories with the following exception:

- New South Wales and Tasmania used postcode concordance (rather than SLA concordance) to allocate records to remoteness and SEIFA.

Remoteness and socioeconomic status have been allocated using the client's usual residence, not the location of the service provider. State/territory is reported for the state/territory of the service provider.

Accuracy:	State and territory jurisdictions differ in their capacity to accurately track post-discharge follow up between hospital and community service organisations (see Relevance section above for further information).

Coherence: Specifications for this indicator were revised for the National Healthcare Agreement to align with specifications for the nationally agreed key performance indicators for public mental health services. Specifically, the revised indicator focuses on follow up care for people discharged from acute psychiatric units only, rather than discharges from all psychiatric units.

This indicator is currently reported in the *Report on government services*. It is also equivalent to the Key Performance Indicators for Australian Public Mental Health Services: MHS PI 12—Rates of post-discharge community care (which this new indicator is based on) and the Fourth National Mental Health Plan: NMHP PI 16—Rates of post-discharge community care.

There has been no major change to the methodology used to collect the data in 2011–12, therefore data is comparable across years.

However, one large Local Health District in New South Wales has incomplete community data, so 2011–12 data will be updated for the 2015 report.

For public sector community mental health services, Victorian data is unavailable (for 2011–12) due to service level collection gaps resulting from protected industrial action during this period. Industrial action over the last 18 months in Tasmania has limited the available data quality and quantity of community data. Australian totals for 2011–12 should therefore be interpreted with caution.

All jurisdictions have used the same concordance and proportionally allocated records to remoteness and Socio-Economic Indexes for Areas (SEIFA) categories with the following exception:

- New South Wales used postcode concordance (rather than SLA concordance) to allocate records to remoteness and SEIFA.

Relational attributes

Related metadata references: Supersedes [National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2013 QS](#)
[Health](#), Superseded 14/01/2015

Has been superseded by [National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2015 QS](#)
[Health](#), Superseded 08/07/2016

Indicators linked to this Data Quality statement: [National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2014](#)
[Health](#), Superseded 14/01/2015