

# **National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2015**

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# National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2015

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Progress measure
<b>Short name:</b>	PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2015
<b>METEOR identifier:</b>	559016
<b>Registration status:</b>	<a href="#">Health</a> , Superseded 08/07/2016
<b>Description:</b>	Proportion of separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory mental health service contact, in which the consumer participated, was recorded in the seven days following that separation.
<b>Indicator set:</b>	<a href="#">National Healthcare Agreement (2015)</a> <a href="#">Health</a> , Superseded 08/07/2016
<b>Outcome area:</b>	<a href="#">Hospital and Related Care</a> <a href="#">Health</a> , Standard 07/07/2010 <a href="#">National Health Performance Authority (retired)</a> , Retired 01/07/2016
<b>Data quality statement:</b>	<a href="#">National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2015 QS</a> <a href="#">Health</a> , Superseded 08/07/2016

## Collection and usage attributes

<b>Population group age from:</b>	
<b>Computation description:</b>	An ambulatory mental health service contact is the provision of a clinically significant service by a specialised mental health service provider(s) for patients/clients, (other than those patients/clients admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those residents in specialised residential mental health services), where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in question.  Should there be a discrepancy in the demographic variables of the consumer between collections, then the variables in the hospital collection should prevail.
<b>Computation:</b>	$100 \times (\text{Numerator} \div \text{Denominator})$
<b>Numerator:</b>	Number of in-scope separations from the mental health service organisation's acute psychiatric inpatient unit(s) for which a community ambulatory mental health service contact, in which the consumer participated, was recorded in the seven days following that separation.

**Numerator data elements:**

**Data Element / Data Set**

Person—separation from an acute psychiatric inpatient unit

**Data Source**

[State/territory community mental health care data](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

Person—waiting time to ambulatory mental health service contact

**Data Source**

[State/territory community mental health care data](#)

**Guide for use**

Data source type: Administrative by-product data

**Data Element / Data Set**

Person—ambulatory mental health service contact recorded

**Data Source**

[State/territory admitted patient data](#)

**Guide for use**

Data source type: Administrative by-product data

**Denominator:**

Number of in-scope separations for the mental health service organisation's acute psychiatric inpatient unit(s).

**Denominator data elements:**

**Data Element / Data Set**

Person—separation from an acute psychiatric inpatient unit

**Data Source**

[State/territory community mental health care data](#)

**Guide for use**

Data source type: Administrative by-product data

**Disaggregation:**

2012–13—Nationally (percentage only), by 2011 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) deciles.

2012–13—State and territory (numerator, denominator and percentage).

2012–13—State and territory, by:

- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS) Remoteness Structure) of consumer.

Some disaggregations may result in numbers too small for publication.

**Disaggregation data elements:**

**Data Element / Data Set**

Person—area of usual residence

**Data Source**

[State/territory community mental health care data](#)

**Guide for use**

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness and SEIFA

**Data Element / Data Set**

Person—Indigenous status

**Data Source**

[State/territory community mental health care data](#)

**Guide for use**

Data source type: Administrative by-product data

**Comments:**

Most recent data available for 2015 National Healthcare Agreement (NHA) performance reporting: 2012-13.

The scope includes all public mental health service organisations' acute psychiatric inpatient units.

The following separations are excluded:

- Same day separations.
- Statistical and change of care type separations.
- Separations that end by transfer to another acute or psychiatric inpatient hospital.
- Separations that end by death, left against medical advice/discharge at own risk.
- Separations that end by transfer to community residential mental health services.

The following community ambulatory mental health service contacts are excluded from the calculation:

- Service contacts occurring on day of separation.

Same day separations are defined as inpatient episodes where the admission and separation dates are the same.

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.

Where a mental health service organisation has more than one unit of a particular service type for the purpose of this indicator those units should be combined.

The reliability of cross-jurisdictional comparisons on this indicator is dependent on the implementation of statewide unique patient identifiers as the community services may not necessarily be delivered by the same mental health service organisation that admits the patient.

This measure does not consider variations in intensity or frequency of service contacts following discharge from hospital.

This measure does not distinguish qualitative differences between phone and face-to-face community contacts.

For 2011–12 data, the 2011 SEIFA IRSD quintile and decile data were produced using the Australian Geography Classification geographical unit of Statistical Local Area. For 2012–13 data, the 2011 SEIFA IRSD quintile and decile data, will be produced using the Australian Statistical Geography Standard geographical unit of Statistical Area 2.

## Representational attributes

<b>Representation class:</b>	Rate
<b>Data type:</b>	Real
<b>Unit of measure:</b>	Person

## Data source attributes

**Data sources:**

<p><b>Data Source</b></p> <p><a href="#">State/territory community mental health care data</a></p> <p><b>Frequency</b></p> <p>Annual</p> <p><b>Data custodian</b></p> <p>State/territory health authorities</p>
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<p><b>Data Source</b></p> <p><a href="#">State/territory admitted patient data</a></p> <p><b>Frequency</b></p> <p>Annual</p> <p><b>Data custodian</b></p> <p>State/territory health authorities</p>
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### Accountability attributes

**Reporting requirements:** National Healthcare Agreement

**Organisation responsible for providing data:** Australian Institute of Health and Welfare

**Further data development / collection required:** Specification: Substantial work required, the measure requires significant work to be undertaken.

Full implementation of this measure requires unique statewide patient identifiers – currently available in six of the eight states and territories and under development in the remaining two.

### 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, 2014](#)  
[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, 2016](#)  
[Health](#), Superseded 31/01/2017