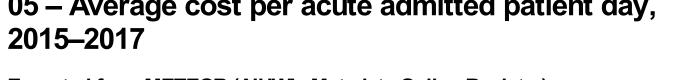
# KPIs for Australian Public Mental Health Services: Pl 05 - Average cost per acute admitted patient day,



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# KPIs for Australian Public Mental Health Services: Pl 05 – Average cost per acute admitted patient day, 2015–2017

#### Identifying and definitional attributes

Metadata item type: Indicator Indicator type: Indicator

**Short name:** MHS PI 05: Average cost per acute admitted patient day, 2015–2017

METEOR identifier: 583849

Registration status: Health, Superseded 13/01/2021

**Description:** Average cost of patient day within acute psychiatric inpatient units managed by the

mental health service organisation.

**NOTE:** This indicator is related to MHS PI 05J: Average cost per acute admitted patient day (Jurisdictional level version). There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional

level version of this indicator.

Rationale:

• Efficient functioning of public acute psychiatric inpatient units is critical to ensuring finite funds are used effectively to deliver maximum community

benefit.

Unit costs are a core feature of management level indicators in all industries.
 They are required to measure how well an organisation uses its resources in producing services and are fundamental to value for money judgements.

 Acute psychiatric inpatient units account for around three quarters of the total costs of specialised mental health admitted patient care and around a third of overall specialised mental health service costs.

 'Admitted patient day' is the 'intermediate product' for acute inpatient episodes and can be the focus activity aimed at improvements in technical efficiency.

Indicator set: Key Performance Indicators for Australian Public Mental Health Services (Service

level version) (2015-2017)

Health, Superseded 13/01/2021

## Collection and usage attributes

**Computation description:** Coverage/Scope:

All public mental health service organisations acute psychiatric inpatient units.

Methodology:

Recurrent costs include costs directly attributable to the acute psychiatric
inpatient unit(s) plus a proportional share of overhead costs (indirect
expenditure). Cost data for this indicator are based on gross recurrent
expenditure as compiled by State/Territory data providers according to the
specifications of the Mental Health Establishments National Minimum Data
Set. As such, it is subject to the concepts, definitions and costing
methodology developed for the NMDS.

 Categorisation of the admitted patient unit is based on the principal purpose(s) of the program rather than the classification of individual

consumers.

Computation: Numerator ÷ Denominator

**Numerator:** Total recurrent expenditure within the mental health service organisation's acute

psychiatric inpatient unit(s) during the reference period.

**Denominator:** Number of patient days occurring within the mental health service organisation's

acute psychiatric inpatient unit(s) during the reference period.

Disaggregation: Service variables: Target population; disorder specific services

Consumer attributes: Nil

#### Representational attributes

Representation class: Mean (average) Data type: Monetary amount

Unit of measure: Currency

#### Indicator conceptual framework

Framework and dimensions:

**Efficient** 

#### **Accountability attributes**

Reporting requirements: Australian Institute of Health and Welfare

Organisation responsible for providing data:

Australian Institute of Health and Welfare

**Accountability:** Australian Institute of Health and Welfare

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

· service unit

mental health service organisation

· regional group of services

state/territory.

collection required:

Further data development / The indicator can be accurately constructed using the Mental Health

Establishments NMDS.

Other issues caveats: Casemix adjustment is needed to interpret variation between organisations – to

distinguish consumer and provider factors.

Patient day costs may be affected by provider factors beyond management control (for example, high fixed costs in institutions during downsizing, structural or design problems with units that need to be countered through higher rostering levels, etc.).

Costing methodologies are relatively underdeveloped in within the mental health sector, and vary across organisations, impacting on the quality of this indicator. Further work is required to achieve consistency in costing methodologies.

#### Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: Key Performance Indicators for Australian Public Mental Health Services, Third

edition (2014)

### Relational attributes

Related metadata references:

Has been superseded by KPIs for Australian Public Mental Health Services: PI 05 - Average cost per acute mental health admitted patient day, 2018 (Service level)

Health, Superseded 13/01/2021