

KPIs for Australian Public Mental Health Services: PI 02 – 28 day readmission rate, 2015–2017

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI02: 28 day readmission rate, 2015–2017
METEOR identifier:	584044
Registration status:	Health , Superseded 13/01/2021
Description:	<p>Proportion of in-scope overnight separations from the mental health service organisation's acute psychiatric inpatient unit that are followed by readmission to the same or to another public sector acute psychiatric inpatient unit within 28 days of discharge.</p> <p>NOTE: This indicator is related to MHS PI02J: 28 day readmission rate (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.</p>
Rationale:	<p>Readmissions to a psychiatric facility following a recent discharge may indicate that inpatient treatment was incomplete or ineffective, or that follow-up care was inadequate to maintain the person's treatment out of hospital. In this sense, rapid readmissions may point to deficiencies in the functioning of the overall care system.</p> <p>Avoidable rapid readmissions place pressure on finite beds and may reduce access to care for other consumers in need.</p> <p>International literature identifies one month as an appropriate defined time period for the measurement of unplanned readmissions following separation from an acute psychiatric inpatient service.</p>
Indicator set:	<p>Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2015–2017) Health, Superseded 13/01/2021</p>

Collection and usage attributes

Computation description: Coverage/Scope:

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 hospital;
- Separations that end by death, left against medical advice/discharged at own risk;
- Separations where length of stay is one night only and procedure code for Electroconvulsive therapy (ECT) is recorded.

Methodology:

- Readmission is considered to have occurred if the person is admitted to any public acute psychiatric inpatient unit within the state/territory. Consequently, a state-wide unique patient identifier is required for accurate construction of this indicator.
- 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 care type of individual consumers.
- The following ECT procedure codes are relevant for the excluded separations specified above:
 - ACHI 5th edition (2006–2008) use ICD-10 procedure codes 93340-02 and 93340-43.
 - ACHI 6th and 7th editions (2008 to current) use ICD-10 procedure codes 93341-00 to 93341-99.
 - ACHI 5th, 6th and 7th 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 overnight separations from the mental health service organisation's acute psychiatric inpatient unit(s) occurring within the reference period, that are followed by a readmission to the same or another acute psychiatric inpatient unit within 28 days.

Denominator: Number of in-scope overnight separations from the mental health service organisation's acute psychiatric inpatient unit(s) occurring within the reference period.

Disaggregation: Service variables: Target population.

Consumer attributes: Diagnosis, age, SEIFA, remoteness, Indigenous status, involuntary status.

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Service event

Indicator conceptual framework

Framework and dimensions: [Effective](#)

[Continuous](#)

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.

Further data development / collection required: This indicator cannot be accurately constructed using the Admitted Patient Mental Health Care NMDS. While the data set comprehensively provides a collection of separations from Australian public hospitals; its inability to uniquely identify a patient across episodes and across hospitals limits its capacity to count readmissions.

There is no proxy solution available. In order to report this indicator at a national level, states and territories are required to individually provide separate indicator data.

A reliable system of patient identifiers within the Admitted Patient Mental Health Care NMDS is required to enable unique identification of individual consumers across multiple years, multiple admitted episodes and multiple hospitals.

Other issues caveats: Due to data limitations this indicator cannot differentiate between planned and unplanned readmissions.

This indicator does not track readmissions across state and territory boundaries or track movement between public and private hospitals.

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 02 – 28 day mental health readmissions, 2018 \(Service level\) Health](#), Superseded 13/01/2021