KPIs for Australian Public Mental Health Services: PI 12 – Rate of post-discharge community care, 2015–2017

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KPIs for Australian Public Mental Health Services: PI 12 – Rate of post-discharge community care, 2015–2017

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 12: Rate of post-discharge community care, 2015–2017
METEOR identifier:	584238
Registration status:	Health, Superseded 13/01/2021
Description:	Proportion of separations from 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 following that separation. **NOTE:** This indicator is related to MHS PI 12J: Rate of post-discharge community care (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:	• A responsive community support system for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential to maintain clinical and functional stability and to minimise the need for hospital readmission. • Consumers leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with community services and supports, are less likely to need early readmission. • Research indicates that consumers have increased vulnerability immediately following discharge, including higher risk for suicide.
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Key Performance Indicators for Australian Public Mental Health Services (Service level version) (2015–2017) Health, Superseded 13/01/2021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. 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/discharge at own risk;
- Separations where length of stay is one night only and procedure code for Electroconvulsive therapy (ECT) is recorded;
- Separations that end by transfer to community residential mental health services.

The following community service contacts are excluded:

- Community service contacts on day of separation;
- 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.
- One of the following ECT procedure codes are recorded:
  - 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) ECT 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 separations from 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 following that separation.

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

Disaggregation: Service variables: Target population

Consumer attributes: Age, SEIFA, remoteness, Indigenous status

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Service event

Indicator conceptual framework

Framework and dimensions: Continuous

Accessible

Safe

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 and Community Mental Health Care National Minimum Data Sets because they do not share a common unique identifier to allow persons admitted into 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 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 discharges the consumer from 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. Ideally services should implement processes to ensure a shared responsibility for following up with consumers who reside out of area. • 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.

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 12 – Post-discharge community mental health care, 2018 (Service level) Health, Superseded 13/01/2021