

KPIs for Australian Public Mental Health Services: PI 14 – Outcomes readiness, 2015–

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 14: Outcomes readiness, 2015–
METEOR identifier:	584245
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Description: Proportion of mental health care episodes with completed clinical outcome measures at both baseline and follow-up.

NOTE: This indicator is related to MHS PI 14J: Outcomes readiness (Jurisdictional level version). **There are technical differences in the consumer groups listed in the methodology section between the Service level version and the Jurisdictional level version of this indicator. Caution should be taken to ensure the correct methodology is followed.**

Rationale:

- Capable services are results oriented and regularly monitor consumer outcomes.
- All states and territories have committed to routinely measuring public sector mental health service outcomes.
- Sufficient coverage of outcome measures will enable a standard where information can be effectively used and interpreted to inform and improve clinical practice and service delivery.

Indicator set: [Key Performance Indicators for Australian Public Mental Health Services \(Service level version\) \(2015–\)](#)
[Health](#), Superseded 16/02/2021

Collection and usage attributes

Computation description: Coverage/Scope:

All public mental health service organisations. Only the HoNOS family is considered. The following episodes of mental health care (and related outcomes measures) are excluded:

- Brief ambulatory episodes of mental health care
- Brief inpatient episodes of mental health care.

The following services are excluded:

- Australian Government funded aged residential services.

Methodology:

- Outcomes readiness is calculated for the following consumer groups:
 - Group A: Consumers discharged from hospital. All people who were discharged from an acute psychiatric inpatient unit within the reference period, with a completed clinical outcome measure collected at both admission (the 'baseline') and discharge (the 'follow-up').
 - Group B: Consumers discharged from ambulatory care. All people who were discharged from an ambulatory care episode within the reference period, with a completed clinical outcome measure collected at both admission (the 'baseline') and discharge (the 'follow-up'). Ambulatory episodes that are completed because the consumer was admitted to hospital or residential mental health care must be excluded from the analysis (that is, where the National Outcomes Casemix Collection (NOCC) 'reason for collection' equals change of setting).
 - Group C: Consumers in ongoing ambulatory care. All people who have an 'open' ambulatory episode of mental health care at the end of reference period, where there is a completed clinical outcome measure collected at both the first occasion rated within the reference period, which will be either an admission or review (the 'baseline'), and the last occasion rated, which will be a review (the 'follow-up'), in the same reference period.
 - Group D: Consumers discharged from residential mental health care. All people who were discharged from a residential mental health service unit within the reference period, excluding statistical separations, with a completed clinical outcome measure collected at both admission (the 'baseline') and discharge (the 'follow-up').

Computation: (Numerator ÷ Denominator) x 100

Calculated separately for each group.

Numerator: Number of in-scope episodes of mental health care with completed outcome measures at both baseline and follow-up within the reference period.

Numerator data elements: **Data Element / Data Set**

Guide for use

For purposes of this indicator, a completed clinical outcome measure is defined as one where the number of items completed is consistent with that provided in 95% of assessments. Translated to individual rating scales this would mean:

- For the HoNOS/65+, a minimum of 10 of the 12 items
- For the HoNOSCA, a minimum of 11 of the first 13 items

Denominator: Number of in-scope episodes of mental health care within the reference period.

Disaggregation: Service variables: Setting and target population

Consumer variables: Age

Representational attributes

Representation class: Percentage

Data type: Real
Unit of measure: Service event

Indicator conceptual framework

Framework and dimensions: [Capable](#)

Accountability attributes

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: Estimates of the total number of episodes requiring outcomes assessment is not provided directly to the National Outcomes and Classification Collection, however this can be approximated from the NMDs (Community Mental Health Care, Admitted Patient Mental Health Care and Residential Mental Health Care).

A proxy solution is to use estimates from the NMDs (Community Mental Health Care, Admitted Patient Mental Health Care and Residential Mental Health Care).

Longer term, a process is needed that allows data reported to the NOCC for consumers who begin an episode in a given year to be tracked when the episode continues into subsequent years. Work is underway to build in an episode identifier into the NOCC and Community Mental Health Care NMDs to enable this.

Additionally, consistent, cross-year use of service identifiers and unique identifiers for consumers by states and territories is necessary to enable full capacity to construct this indicator using the NOCC.

Other issues caveats: Further definition of a 'completed clinical outcome measure' to resolve whether tolerance levels will be set to accept some degree of missing data also needs to be developed.

Source and reference attributes

Reference documents: Key Performance Indicators for Australian Public Mental Health Services, Third edition (2014)

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