

KPIs for Australian Public Mental Health Services: PI 11J – Rate of pre-admission community care, 2015

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 11J: Rate of pre-admission community care, 2015
METEOR identifier:	596972
Registration status:	<ul style="list-style-type: none">• Health, Standard 19/11/2015

Description: Proportion of [admissions](#) to state/territory public acute admitted patient mental health care service unit(s) for which a community mental health service contact, in which the consumer participated, was recorded in the seven days immediately preceding that admission.

NOTE: This specification has been adapted from the indicator [MHS PI 11: Rate of pre-admission community care, 2015](#) (Service level version) using terminology consistent with the National Health Data Dictionary. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator.

Rationale:

- To monitor the continuity/accessibility of care via the extent to which public sector community mental health services are involved with consumers prior to the admission to hospital to:
 - support and alleviate distress during a period of great turmoil;
 - relieve carer burden;
 - avert hospital admission where possible;
 - ensure that admission is the most appropriate treatment option;
 - commence treatment of the patient as soon possible where admission may not be averted.
- The majority of consumers admitted to state/territory public acute admitted patient mental health care service units are known to public sector community mental health services and it is reasonable to expect community teams should be involved in pre-admission care.

Indicator set: [Key Performance Indicators for Australian Public Mental Health Services \(Jurisdictional level version\) \(2015\)](#)
[Health](#), Superseded 11/05/2016

Collection and usage attributes

Computation description: Coverage/Scope:

State/territory public acute admitted patient mental health care service units in scope for reporting as defined by the Mental Health Establishments National Minimum Data Set (admissions data).

State/territory specialised community mental health care service unit(s) in scope for reporting as defined by the Community Mental Health Care National Minimum Data Set (pre-admission community contact data).

The following admissions are excluded:

- Same day admissions;
- Statistical and change of care type admissions;
- Admissions by transfer from another acute or psychiatric inpatient hospital;
- Admissions by transfer from a residential mental health care service;
- Separations where length of stay is one night only and procedure code for Electroconvulsive Therapy (ECT) is recorded.

The following community mental health service contacts are excluded:

- Service contacts on the day of admission;
- Contacts where a consumer does not participate.

Service contacts can be provided by any community mental health care service within the state/territory.

Methodology:

Reference period for 2015 performance reporting: 2013–14

- 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 specialised mental health admitted patient service 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 procedure codes 93340-02 and 93340-43.
 - ACHI 6th and 7th editions (2008 to current) use 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

Different results for the seven day pre-admission community care indicator will be achieved depending on whether the indicator is based on organisation-level or state-level analysis. The key difference between the two approaches concerns whether pre-admission community care is regarded to have occurred only when the person is seen by the discharging organisation, or by any public mental health service within the jurisdiction. The preferred approach is for state-level analysis to be used, and for contacts provided by any public mental health service to be counted. This will depend however, on the capacity of jurisdictions to track service use across multiple service organisation providers and will not be possible for all jurisdictions, the details of which are explored in the data quality statement for this indicator.

Computation: $(\text{Numerator} \div \text{Denominator}) \times 100$

Numerator: Number of in-scope admissions to state/territory public acute admitted patient mental health care service unit(s) for which a community mental health service contact, in which the consumer participated, was recorded in the seven days immediately preceding that admission.

Numerator data elements:

Data Element / Data Set

Data Element

Specialised mental health service—number of admissions in which there was a community mental health service contact recorded 7 days preceding an admission

Data Sources

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

[State/territory admitted patient data](#)

Denominator:

Number of in-scope admissions to state/territory public acute admitted patient mental health care service unit(s) occurring within the reference period.

Denominator data elements:

Data Element / Data Set

Data Element

Specialised mental health service—number of admissions

Data Source

[State/territory admitted patient data](#)

Disaggregation:

Service variables: Nil

Consumer attributes: Age, sex, SEIFA, remoteness, Indigenous status

Disaggregated data excludes missing or not reported data.

All disaggregation data are to be calculated as at admission to the admitted mental health care service unit, even if the value is null.

Disaggregation data elements:

<p>Data Element / Data Set</p> <p>Data Element</p> <p>Address—statistical area level 2 (SA2) code</p> <p>Data Source</p> <p>State/territory admitted patient data</p> <p>Guide for use</p> <p>Used for disaggregation by remoteness and SEIFA</p>
<p>Data Element / Data Set</p> <p>Data Element</p> <p>Person—age</p> <p>Data Source</p> <p>State/territory admitted patient data</p> <p>Guide for use</p> <p>Data source type: Administrative by-product data</p>
<p>Data Element / Data Set</p> <p>Data Element</p> <p>Person—Indigenous status</p> <p>Data Source</p> <p>State/territory admitted patient data</p>
<p>Data Element / Data Set</p> <p>Data Element</p> <p>Person—sex</p> <p>Data Source</p> <p>State/territory admitted patient data</p>

Representational attributes

Representation class: Percentage
Data type: Real
Unit of measure: Service event

Indicator conceptual framework

Framework and dimensions: [Continuous](#)
[Accessible](#)

Accountability attributes

Benchmark: State/territory level

Further data development / collection required: This indicator cannot be accurately constructed using the Admitted Patient Mental Health Care and Community Mental Health Care National Minimum Data Sets because they do not share a common unique identifier that would allow persons admitted to 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 that would 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 NMDs 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 admits the consumer to hospital care. Access to state-wide data is required to construct this indicator accurately.
- This measure does not consider variations in intensity or frequency of contacts prior to admission to hospital.
- This measure does not distinguish qualitative differences between phone and face-to-face community contacts.

When data for this indicator are requested jurisdictions are required to answer 'yes' or 'no' to the question "seven day pre-admission contact based on tracking pre-admission service contacts across all state/territory public mental health services?". A 'yes' response implies that a statewide unique client identifier system is in place, or some comparable approach has been used in the data analysis to allow tracking of service utilisation by an individual consumer across all public mental health services in the jurisdiction. Collection of this information is aimed at assessing the degree of consistency between jurisdictions in data reported.

Source and reference attributes

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