

National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2016 QS

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2016 QS

Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	600112
Registration status:	Health , Standard 08/07/2016

Data quality

Data quality statement summary:	<ul style="list-style-type: none">• States and territories vary in their capacity to accurately track post-discharge follow up between hospital and community service organisations, due to the lack of unique patient identifiers or data matching systems.• For public sector community mental health services, Victorian data is unavailable (for 2011-12 and 2012-13) due to service level collection gaps resulting from protected industrial action during this period. Industrial action during the 2011-12 and 2012-13 collection periods in Tasmania has limited the available data quality and quantity of community data. Australian totals for 2011-12 and 2012-13 should therefore be interpreted with caution.• SEIFA data for 2011-12 are not directly comparable with SEIFA for 2012-13 and later.
---------------------------------	--

Institutional environment:	<p>The tables for this indicator were prepared by the Australian Institute of Health and Welfare (AIHW) based on data supplied by state and territory health authorities. The AIHW is an independent corporate Commonwealth entity within the Health portfolio, which is accountable to the Parliament of Australia through the Minister for Health. For further information see the AIHW website.</p>
----------------------------	--

AIHW drafted the initial data quality statement (including providing input about the methodology used to extract the data and any data anomalies) in consultation with State and Territory health authorities.

The data were supplied to the AIHW by state and territory health authorities. The state and territory health authorities receive these data from public sector community mental health services and public hospitals. States and territories use these data for service planning, monitoring and internal and public reporting. The AIHW does not hold the relevant nationally mandated datasets required to independently verify the data tables for this indicator.

Community mental health services and public hospitals may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation.

States and territories supplied these data for publication in the Report on government services 2015 and for the indicators section of the AIHW's [Mental health services in Australia](#) website

Timeliness:	The reference periods for these data are 2011–12, 2012–13 and 2013–14.
-------------	--

Accessibility:	<p>These data are published in the:</p> <ul style="list-style-type: none">• <i>Report on Government Services</i> available at www.pc.gov.au/gsp/rogs.• Key Performance Indicators for Australian Public Mental Health Services set (available at mhsa.aihw.gov.au/indicators/nkpi/).
----------------	--

Interpretability:	Definitions for this indicator are published in the indicator specifications in METeOR .
-------------------	--

Relevance:

Estimates are based on all 'in scope' separations from state and territory psychiatric acute inpatient units, where 'in scope' is defined as those separations for which it is meaningful to examine community follow-up rates. The following separations were excluded: same day separations; statistical and change of care type separations; separations that end by transfer to another acute psychiatric hospital; separations that end by death, left against medical advice/discharge at own risk; separations where the length of stay is one night and a procedure code for ECT is recorded and separations that end by transfer to community residential mental health services.

Data for all years reflect full financial year activity – that is, all in scope separations from public sector acute psychiatric units between the period 1 July and 30 June for each financial year.

Community mental health contacts counted for determining whether follow-up occurred are restricted to those in which the consumer participated. These may be face-to-face or 'indirect' (e.g., by telephone), but not contacts delivered 'on behalf of the client' in which they did not participate.

Only community mental health contacts made by state and territory public mental health services are included. Where responsibility for clinical follow-up is managed outside the state/territory mental health system (e.g., by private psychiatrists, general practitioners), these contacts are not included.

States and territories vary in their capacity to accurately track post-discharge follow up between hospital and community mental health care services, due to the lack of unique patient identifiers or data matching systems.

Tasmania has been progressively implementing a state-wide patient identification system. Data for 2012–13 is considered to be the first collection period with this system fully implemented. The improved patient identification system has increased the percentage post-discharge community care reported by Tasmania in 2013–14. Therefore, Tasmanian data is not comparable across years.

Western Australia indicated that submitted data was not based on a unique state-wide patient identifier system, but rather data linkage which uses probabilistic matching. Data is therefore subject to change as more information about the patient is collected in statewide data collections.

In 2011, the ABS updated the standard geography used in Australia for most data collections from the Australian Standard Geographical Classification (ASGC) to the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas and the Socio-Economic Indices for Areas (SEIFA). The new remoteness areas are referred to as RA 2011. The new SEIFA are referred to as SEIFA 2011, and the previous SEIFA as SEIFA 2006.

Data for 2011–12 and subsequent years are reported for RA 2011.

Data for 2011–12 are reported using SEIFA 2011 at the Statistical Local Area level (an ASGC substate geographical unit). Data for 2012–13 and 2013–14 are reported using SEIFA 2011 at the Statistical Area (SA) 2 level (an ASGS substate geographical unit). The AIHW considers the change from SLA to SA2 to be a series break when applied to data supplied for this indicator. Therefore, SEIFA data for 2011-12 are not directly comparable with SEIFA data for 2012-13 and subsequent years.

Remoteness and socioeconomic status have been allocated using the SA2 or postcode concordance of the client at last contact. For 2012–13 and later years' data all jurisdictions have used the same concordance and proportionally allocated records to remoteness and Socio-Economic Indexes for Areas (SEIFA) categories with the following exception:

- New South Wales used postcode concordance (rather than SA2 concordance) to allocate records to remoteness and SEIFA.

Remoteness and socioeconomic status have been allocated using the client's usual residence, not the location of the service provider except for the Northern Territory data for which the majority of the data was based on the location of the service. State/territory is reported for the state/territory of the service provider.

Accuracy:	State and territory jurisdictions differ in their capacity to accurately track post-discharge follow up between hospital and community service organisations (see Relevance section above for further information).
Coherence:	<p>Specifications for this indicator were revised for the National Healthcare Agreement to align with specifications for the nationally agreed key performance indicators for public mental health services. Specifically, the revised indicator focuses on follow up care for people discharged from acute psychiatric units only, rather than discharges from all psychiatric units.</p> <p>This indicator is currently reported in the <i>Report on Government Services</i> and in the Indicators section of the AIHW's Mental health services in Australia website. It is also equivalent to the Key Performance Indicators for Australian Public Mental Health Services: MHS PI 12—Rates of post-discharge community care (which this new indicator is based on) and the Fourth National Mental Health Plan: NMHP PI 16—Rates of post-discharge community care.</p> <p>Clarification of the scope of the separations data was made to the 2012–13 data specification, however, jurisdictions advised that the impact on the overall data is likely to be minimal. Therefore, data is considered comparable across years in terms of the definitions.</p> <p>Queensland and Western Australia have provided updated data for 2011–12 and 2012–13, thus these data have been updated and resupplied in this reporting cycle.</p> <p>For public sector community mental health services, Victorian data is unavailable (for 2011-12 and 2012–13) due to service level collection gaps resulting from protected industrial action during this period.</p> <p>Industrial action during the 2011-12 and 2012-13 collection periods in Tasmania has limited the available data quality and quantity of community data. Australian totals for 2011-12 and 2012–13 should therefore be interpreted with caution. For 2012-13, the ACT has refined its calculation methodology and as such, comparisons to previous years' results should be viewed with caution.</p> <p>Source systems vary in terms of whether location data for the patient's usual address is SA2 versus postcode.</p>

Relational attributes

Related metadata references:	Supersedes National Healthcare Agreement: PI 25-Rate of community follow up within first seven days of discharge from a psychiatric admission, 2015 QS Health , Superseded 08/07/2016
Indicators linked to this Data Quality statement:	National Healthcare Agreement: PI 25—Rate of community follow up within first seven days of discharge from a psychiatric admission, 2016 Health , Superseded 31/01/2017