# National Healthcare Agreement: PI 25—Rate of community follow up within first seven days of discharge from a psychiatric admission, 2017



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# National Healthcare Agreement: PI 25–Rate of community follow up within first seven days of discharge from a psychiatric admission, 2017

## Identifying and definitional attributes

Metadata item type: Indicator

**Indicator type:** Progress measure

**Short name:** PI 25–Rate of community follow up within first seven days of discharge from a

psychiatric admission, 2017

METEOR identifier: 630053

**Registration status:** <u>Health,</u> Superseded 30/01/2018

**Description:** Proportion of separations from the mental health service organisation's acute

psychiatric inpatient unit(s) for which a community ambulatory mental health service contact, in which the consumer participated, was recorded in the seven days

following that separation.

Indicator set: National Healthcare Agreement (2017)

Health, Superseded 30/01/2018

Outcome area: Hospital and Related Care

Health, Standard 07/07/2010

National Health Performance Authority (retired), Retired 01/07/2016

## Collection and usage attributes

Computation description: An ambulatory mental health service contact is the provision of a clinically

significant service by a specialised mental health service provider(s) for patients/clients, (other than those patients/clients admitted to psychiatric hospitals or designated psychiatric units in acute care hospitals, and those residents in specialised residential mental health services), where the nature of the service would normally warrant a dated entry in the clinical record of the patient/client in

question.

Demographic variables of the consumer are to be based on the data from the

hospital admission record, even if the result is null or invalid.

**Computation:** 100 x (Numerator ÷ Denominator)

**Numerator:** Number of in-scope separations from the mental health service organisation's

acute psychiatric inpatient unit(s) for which a community ambulatory mental health service contact, in which the consumer participated, was recorded in the

seven days following that separation.

#### Numerator data elements:

#### Data Element / Data Set

Specialised mental health service—number of separations in which there was a community mental health service contact recorded 7 days following a separation

#### **Data Source**

State/territory community mental health care data

#### Data Element / Data Set

Specialised mental health service—number of separations in which there was a community mental health service contact recorded 7 days following a separation

#### Data Source

State/territory admitted patient data

#### **Denominator:**

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

# Denominator data elements:

#### Data Element / Data Set –

Specialised mental health service—number of separations

#### **Data Source**

State/territory admitted patient data

#### Disaggregation:

2014–15—Nationally (percentage only), by 2011 Socio-Economic Indexes for Areas (SEIFA) Index of Relative Socio-economic Disadvantage (IRSD) deciles (not reported).

2014–15—State and territory (numerator, denominator and percentage).

2014–15—State and territory, by:

- Indigenous status
- remoteness (Australian Statistical Geography Standard (ASGS) Remoteness Structure) of consumer.

Some disaggregations may result in numbers too small for publication.

# Disaggregation data elements:

#### Data Element / Data Set-

Person—area of usual residence

**Data Source** 

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Used for disaggregation by state/territory, remoteness and SEIFA

#### Data Element / Data Set-

Person—Indigenous status

**Data Source** 

State/territory admitted patient data

Guide for use

Data source type: Administrative by-product data

Comments:

Most recent data available for 2017 National Healthcare Agreement performance reporting: 2014–15.

The scope includes 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 inpatient 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 ambulatory mental health service contacts are excluded from the calculation:

- Service contacts occurring on day of separation.
- Contacts where a consumer does not participate.

Same-day separations are defined as inpatient episodes where the admission and separation dates are the same.

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.

Where a mental health service organisation has more than one unit of a particular service type for the purpose of this indicator those units should be combined.

The reliability of cross-jurisdictional comparisons on this indicator is dependent on the implementation of statewide unique patient identifiers as the community services may not necessarily be delivered by the same mental health service organisation that admits the patient.

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.

For 2014–15 data, the 2011 SEIFA IRSD quintile and decile data will be produced using the ASGS geographical unit of Statistical Area Level 2.

Australian Classification of Health Interventions (ACHI) ECT procedure codes are:

- 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, 7th and 8th editions (2006 to current) Electroconvulsive therapy Block 1907 may be selected to capture all data regardless of code changes over time.

# Representational attributes

Representation class: Rate

Data type: Real

Unit of measure: Person

Format: N[NN].N

#### Data source attributes

Data sources:

**Data Source** 

State/territory admitted patient data

Frequency

Annual

Data custodian

State/territory health authorities

Data Source

State/territory community mental health care data

Frequency

Annual

Data custodian

State/territory health authorities

## **Accountability attributes**

Reporting requirements: National Healthcare Agreement

Organisation responsible

for providing data:

Australian Institute of Health and Welfare

Further data development / collection required:

Further data development / Specification: Substantial work required, the measure requires significant work to

be undertaken.

Full implementation of this measure requires unique statewide patient identifiers – currently available in six of the eight states and territories and under development in

the remaining two.

### 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, 2016

Health, Superseded 31/01/2017

Has been superseded by <u>National Healthcare Agreement: PI25-Rate of community follow up within first seven days of discharge from a psychiatric seven days of discharge from the days of days of discharge from the days of days of discharge from the days of days</u>

admission, 2018

Health, Superseded 19/06/2019