

# KPIs for Australian Public Mental Health Services: PI 05 – Average cost per acute mental health admitted patient day, 2018 (Service level)

## Identifying and definitional attributes

<b>Metadata item type:</b>	Indicator
<b>Indicator type:</b>	Indicator
<b>Short name:</b>	MHS PI 05: Average cost per acute mental health admitted patient day, 2018 (Service level)
<b>METEOR identifier:</b>	633031
<b>Registration status:</b>	<ul style="list-style-type: none"><li>• <a href="#">Health</a>, Superseded 16/02/2021</li></ul>

**Description:** The average cost of a patient day within acute psychiatric inpatient units managed by the mental health service organisation.

**NOTE:** This indicator is related to *Average cost per acute mental health admitted patient day (Jurisdictional level)*. There are no technical differences in the calculation methodologies between the Service level version and the Jurisdictional level version of this indicator.

**Rationale:**

- Efficient functioning of public acute psychiatric inpatient units is critical to ensuring finite funds are used effectively to deliver maximum community benefit.
- Unit costs are a core feature of management level indicators in all industries. They are required to measure how well an organisation uses its resources in producing services and are fundamental to value for money judgements.
- Acute psychiatric inpatient units account for around three-quarters of the total costs of specialised mental health admitted patient care and around one-third of overall specialised mental health service costs.
- 'Admitted patient day' is the 'intermediate product' for acute inpatient episodes and can be the focus activity aimed at improvements in technical efficiency.

**Indicator set:** [Key Performance Indicators for Australian Public Mental Health Services \(Service level version\) \(2018\)](#)  
[Health](#), Superseded 16/02/2021

## Collection and usage attributes

**Computation description:** Coverage/Scope:  
All public mental health service organisations acute psychiatric inpatient units.

Methodology:

- Recurrent costs include costs directly attributable to the acute psychiatric inpatient unit(s) plus a proportional share of overhead costs (indirect expenditure). Cost data for this indicator are based on gross recurrent expenditure as compiled by state/territory data providers according to the specifications of the Mental health establishments National minimum data set (NMDS). As such, it is subject to the concepts, definitions and costing methodology developed for the NMDS.
- Categorisation of the admitted patient mental health care service unit is based on the principal purpose(s) of the program rather than the classification of individual consumers.

**Computation:** Numerator ÷ Denominator

<b>Numerator:</b>	Total recurrent expenditure within the mental health service organisation's acute psychiatric inpatient unit(s) during the reference period.
<b>Denominator:</b>	Number of patient days occurring within the mental health service organisation's acute psychiatric inpatient unit(s) during the reference period.
<b>Disaggregation:</b>	Service variables: target population; disorder specific services Consumer attributes: nil

## Representational attributes

<b>Representation class:</b>	Mean (average)
<b>Data type:</b>	Monetary amount
<b>Unit of measure:</b>	Currency
<b>Format:</b>	N[NNN]

## Indicator conceptual framework

<b>Framework and dimensions:</b>	<a href="#">Efficient</a>
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## Accountability attributes

<b>Benchmark:</b>	Levels at which the indicator can be useful for benchmarking: <ul style="list-style-type: none"> <li>• service unit</li> <li>• mental health service organisation</li> <li>• regional group of services</li> <li>• state/territory.</li> </ul>
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<b>Further data development / collection required:</b>	The indicator can be accurately constructed using the Mental health establishments NMDS.
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<b>Other issues caveats:</b>	<p>Casemix adjustment is needed to interpret variation between organisations—to distinguish consumer and provider factors.</p> <p>Patient day costs may be affected by provider factors beyond management control (for example high fixed costs in institutions during downsizing, structural or design problems with units that need to be countered through higher rostering levels).</p> <p>Costing methodologies are relatively underdeveloped within the mental health sector, and vary across organisations, impacting on the quality of this indicator. Further work is required to achieve consistency in costing methodologies.</p>
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## Source and reference attributes

<b>Reference documents:</b>	National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.
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## Relational attributes

<b>Related metadata references:</b>	<p>Supersedes <a href="#">KPIs for Australian Public Mental Health Services: PI05 – Average cost per acute admitted patient day, 2015–</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Health</a>, Standard 19/11/2015</li> </ul> <p>Has been superseded by <a href="#">KPIs for Australian Public Mental Health Services: PI05 – Average cost per acute mental health admitted patient day, 2019 (Service level)</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Health</a>, Superseded 16/02/2021</li> </ul>
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