

KPIs for Australian Public Mental Health Services: PI 06 – Average treatment days per three-month community mental health care period, 2018 (Service level)

Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	MHS PI 06: Average treatment days per three-month community mental health care period, 2018 (Service level)
METEOR identifier:	633033
Registration status:	<ul style="list-style-type: none">• Health, Superseded 16/02/2021

Description: The average number of community treatment days per three-month period of ambulatory care provided by the mental health service organisation's community mental health services.

NOTE: This indicator is related to *Average treatment days per three-month community mental health care period (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: The purpose of this indicator is to better understand underlying factors which cause variation in community care costs. The number of treatment days is the community counterpart of admitted patient length of stay and it indicates the relative volume of care provided to people in ambulatory care.

Frequency of servicing is the main driver of variation in community care costs and may reflect differences between health service organisation practices. Inclusion of this indicator promotes a fuller understanding of community care costs as well as providing a basis for utilisation review. For example, it allows the frequency of servicing of particular consumer groups in the community to be assessed against any clinical protocols developed for those groups.

This indicator may also demonstrate degrees of accessibility to public sector community mental health services.

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[Health](#), Superseded 16/02/2021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' community mental health services.

All activity (treatment days and statistical episodes) associated with non-uniquely identified consumers are excluded from community mental health services.

Methodology:

- For the purposes of this measure, ambulatory community care statistical episodes consist of the following fixed three-monthly periods; January–March, April–June, July–September, and October–December.

Computation: Numerator ÷ Denominator

Numerator: Number of [community mental health care treatment days](#) provided by the mental health service organisation's ambulatory services within the reference period.

Denominator: Number of mental health ambulatory care statistical episodes (three-month periods) treated by the mental health service organisation's ambulatory services within the reference period.

Denominator data elements:

Data Element / Data Set

Guide for use

An ambulatory care statistical episode is a statistically derived community episode defined as each three month period of ambulatory care of an individual registered consumer where the consumer was under 'active care', defined as one or more treatment days in the period. A registered consumer is a uniquely identifiable consumer at the mental health service organisation level, regardless of the number of teams or community programs involved in the consumer's care.

Disaggregation: Service variables: target population.

Consumer attributes: age, Socio-Economic Indexes for Areas (SEIFA), remoteness, Indigenous status, involuntary status.

Representational attributes

Representation class: Mean (average)

Data type: Real

Unit of measure: Time (e.g. days, hours)

Format: N[NN].N

Indicator conceptual framework

Framework and dimensions: [Efficient](#)

[Appropriate](#)

Accountability attributes

Benchmark: Levels at which this indicator can be useful for benchmarking:

- service unit
- mental health service organisation
- regional group services
- state/territory.

Further data development / collection required: Methodology to collect multifaceted levels of service usage, such as intensity and complexity issues and the impact on contact duration, is needed in order to improve cost modelling and efficiency measurement in general.

Accurate reporting at levels above that of mental health service organisation requires unique state-wide patient identifiers that are not currently available in all jurisdictions.

The indicator can be accurately constructed using the Community mental health care NMDS.

Other issues caveats: Casemix adjustment is needed to interpret variation between organisations to distinguish consumer and provider factors. Longer term a methodology for casemix adjustment is required.

Further development of national funding models, including episode-based or casemix models, will enable more meaningful measurement than the arbitrary three-month period used in this indicator.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare on behalf of the National Mental Health Performance Subcommittee

Reference documents: National Mental Health Performance Subcommittee (NMHPSC) 2013. Key Performance Indicators for Australian Public Mental Health Services, 3rd edn. Canberra: NMHPSC.

Relational attributes

Related metadata references: Supersedes [KPIs for Australian Public Mental Health Services: PI 06 – Average treatment days per three-month community care period, 2015–](#)

- [Health](#), Standard 19/11/2015

Has been superseded by [KPIs for Australian Public Mental Health Services: PI 06 – Average treatment days per three-month community mental health care period, 2019 \(Service level\)](#)

- [Health](#), Superseded 16/02/2021

See also [Person—unique identifier used indicator, yes/no code N](#)

- [ACT Health \(retired\)](#), Candidate 09/08/2018
- [Community Services \(retired\)](#), Standard 19/09/2013
- [Health](#), Standard 07/02/2013